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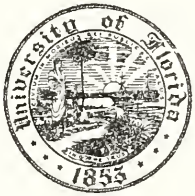

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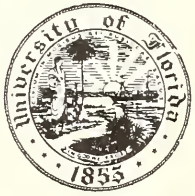

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THREE PROBLEM CHILDREN

Publications Issued under the Auspices of the Commonwealth Fund Program for the Prevention of Delinquency

[A description of the purpose and organization of this Program will be found on page 141.]

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Published and distributed by the

Joint Committee on Methods of Preventing Delinquency

50 East 42d Street, New York City

THREE PROBLEM CHILDREN

NARRATIVES FROM THE CASE RECORDS
OF A CHILD GUIDANCE CLINIC

NEW YORK
JOINT COMMITTEE ON METHODS OF
PREVENTING DELINQUENCY
1926

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PUBLISHED APRIL, 1924
SECOND PRINTING, MARCH, 1927

PRINTED IN THE U. S. A. BY
THE STRAWBERRY HILL PRESS
NEW YORK

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PREFACE TO THE SECOND EDITION

During the three years that have elapsed since the first appearance of this small volume of case narratives, the original edition has been exhausted and the continuing demand now makes a new printing necessary. No change has been made in the text but the opportunity has been taken to supplement the records of Mildred and Kenneth with notes covering their recent histories and present status. These two children continued under the care of the Bureau of Children's Guidance for some time after the publication of the book. In the other case, Sidney was making encouraging progress, but the family moved to another city shortly after the narrative was published, and the subsequent history is not known.

As pointed out in the introduction to the first edition, these three narratives are based upon case records of the Bureau of Children's Guidance. This Bureau is a psychiatric clinic established by the New York School of Social Work, as part of the Commonwealth Fund Program for the Prevention of Delinquency. Its purpose is not only to study and treat children presenting behavior difficulties but also to meet the need of a training center for students in the mental hygiene department of the School. This has meant that the case work, in general and with the three children whose histories are here given, has been closely supervised by the psychiatrists in charge of the Bureau as well as by the director of social service. At the time the volume was originally prepared the clinic was under the direction of Dr. Bernard Glueck assisted by Dr. Marion E. Kenworthy, who upon Dr. Glueck's resignation in 1923 became medical director. During the time covered by the narratives Miss June J. Joslyn was the director of social service.

The note on the educational aspects of these cases contributed to the first edition by Dr. Henry C. Morrison, Professor of Education at the University of Chicago, is likewise reprinted without change. As a member of the Joint Committee on Methods of Preventing Delinquency, Professor Morrison had an early opportunity to examine the proofs, and his interpretation of factors in the problems presented and their meaning in terms of educational theory and practice has special value.

The task of studying thoroughly the voluminous early records of these three cases at the Bureau of Children's Guidance and presenting this material in narrative form, was undertaken by Mary Buell Sayles of the staff of the Joint Committee. As stated in the earlier edition of this volume, no change of a single essential fact given in the records was made although it was obviously necessary to conceal identities by changes in names, nationalities, and other items. For the benefit of readers interested in the more technical details, the salient facts of the physical and psychological examinations of these three children are provided in appendices. The accurate presentation of scientific material to the general reader is not an easy task. Without venturing to assume that all the difficulties were adequately met in this instance, the Joint Committee on Methods of Preventing Delinquency hopes that this publication may continue to promote acquaintance with a new and fundamentally important point of view and method in social and educational effort.

GRAHAM ROMEYN TAYLOR, *Executive Director*
Joint Committee on Methods of Preventing Delinquency

March 1, 1927

INTRODUCTION

These narratives of three children who presented problems of conduct are published in order to give some indication of the resources which modern science offers for the assistance of those who seek to understand such troubled young lives and to guide them along the paths of normal social growth. Increasing numbers of social workers, school teachers, probation officers, public health nurses and parents are already aware that psychiatry affords a new approach to the handling of children who are delinquent, or maladjusted, or unhappy. Such readers may be interested to follow in detail the carefully planned steps taken in these cases. Psychiatrists and psychiatric social workers, who would naturally prefer a more technical presentation of the material, will find nothing unusual in these examples of childhood difficulties and handicaps, in the methods employed to deal with them, or in the results of the work.

It is not difficult to identify some of the methods and processes here described as well-established elements in the skill of many a good social worker, teacher and parent. Nor is it intended to imply that expert knowledge from other fields has not been utilized in the practice of social case work, which in developing its present standards of procedure has increasingly availed itself of the special services of medical, legal and educational consultants. Psychiatry, however, stands in an entirely different relation to social case work. Through its interpretation of the processes of mental life revealed by a close study of all the aspects of personality as well as environment, this branch of science is bringing a new and fundamental contribution to the technique of understanding and adjusting individual lives. The essential end to be sought is the development of such a rounded technique

rather than a definition of the precise share of psychiatry and of social case work in creating and applying it. In the field of modern public health, skilled service is contributed not only by those trained in medical science, but also by workers with other types of training. A similar situation exists so far as the relationship of psychiatry and social case work is concerned in the helping of children who present behavior problems. As Dr. Thomas W. Salmon has pointed out, the psychiatrist who has been in contact with social work, and the social worker who has been in contact with psychiatry, each does his work better than do psychiatrists and social workers who have not had the advantage of such contacts.

Mildred, Sidney and Kenneth are only three among the many types of children who present behavior problems: Mildred, of normal intelligence, retarded in school, unhappy, threatened with possible mental disease; Sidney, of superior intelligence, but failing in school, misbehaving and unhappy; Kenneth, of inferior mentality, a school failure, and apparently at the beginning of a delinquent career. Among other types of problem children not a few are essentially normal: they may be spoiled and babied, overpraised and overstimulated; they may be neglected and undervalued, especially in comparison with brothers or sisters; they may be suffering from maladjustments in a school system too rigid to adapt itself to the needs of the individual child. Others are definitely handicapped by permanent mental or physical defects. Still others are warped by association with criminalistic, neuorotic or insane parents. In the kind of work here described, however, emphasis is laid not upon effort to classify these problem children according to types, but upon the fact that each one exhibits a special combination of physical, mental and social disabilities and assets, making up his or

her own distinct personality problem. Attention is thus directed to understanding and helping each child as an individual.

There are wider implications in the development of this knowledge and technique. Behavior is now seen not as a problem in itself, but as the result of causes often complex and hidden. It is coming to be understood as the external manifestation of an interplay between great instinctive forces in the individual and the effort of society to shape these forces to serve its own ends. Enlarged understanding of the factors which lie behind conduct problems is bringing about fundamental modifications of the orthodox methods used by teachers, parents and others in handling children. Long ago common sense taught parents to go back of the baby's cry and seek physical causes. Many of these causes are readily apparent. Even so, parents have much to learn from child hygiene regarding the simplest principles of the feeding and physical care of children. Recent progress in the understanding of behavior gives ground for hope that the day is dawning when the factors that lie behind conduct will be studied as intelligently as the physical causes which lie behind the baby's cry.

This point of view challenges particularly some of the traditional methods of discipline based upon the old and inadequate conception of the nature of behavior. For under the revealing light of psychiatric study the conduct of many a child which has appeared to parent or teacher to present solely a moral issue is found actually to have its origin not in the child but in circumstances over which he has no control. Indeed wrong behavior on the part of a child may frequently contain no element of perversity or sin but may reflect solely the bad handling of his problem by parents or teachers whose motives are of the best and who believe that the steps

they are taking are wise. Traced back to its ultimate source the trouble not infrequently lies in the failure of the responsible adults to understand and successfully manage some of their own problems.

It is of great practical significance that the process which straightens out behavior difficulties likewise often eliminates factors which would make for lifelong unhappiness. Not all children who receive or need this kind of study are potential criminals or probable recruits for institutions which care for the mentally diseased and defective. Many may struggle on through life burdened with a sense of inadequacy or with other handicaps of personality which blight their own happiness and that of family and friends. Others may through painful effort overcome or may outgrow their difficulties. The early removal of inner causes of unhappiness, with all that this means for the individual and for society, is the inspiring aim of effort such as is here described.

It is hardly necessary to point out that the reading even of a considerable number of case studies does not afford an adequate basis for scientific analysis of personality difficulties. The value of a diagnosis by a pyschiatrist and his counsel in devising a plan of treatment is increasingly recognized by those who deal with problem children. On the other hand, many who are rendering valuable service in the field of child-welfare have no opportunity to consult a psychiatrist concerning such children. To these workers especially it is hoped that this presentation of case material may be of practical service. Common pitfalls are illustrated and sound principles suggested which are applicable in many situations of daily life and work. Moreover, wider understanding of the psychiatric approach and methods may help those dealing with children to judge when it is advisable to seek skilled counsel and service in difficulties which do not yield

to the most enlightened treatment they have been able to apply.

A vital point emphasized by psychiatry in this connection is the importance of an objective, unbiased attitude on the part of the worker. The child who feels this attitude gives his confidence with a sense of relief and gladness, and may then by gradual steps be led to discover his own errors, and realize his true situation—a result rarely achieved through the old methods of admonition and discipline.

The advantage, where possible, of handling such problems through an organized clinical group should be apparent. The psychiatric clinic brings to a focus the resources of physical, psychological, psychiatric and social examination and treatment, utilizing the skilled services of staff members trained in different fields and making possible a complete study and understanding of the child's personality. No less important is the service it may render in developing methods of treatment. Too often in the field of social endeavor failure to objectify and analyze methods has meant a loss of valuable elements of technique which should have been passed on to others. A clinic thus organized may contribute effectively toward the development and preservation of such technique by helping to define and record its constructive processes and make them available for use by any progressive worker.

I

MILDRED

MILDRED MARTIN was brought to the Bureau of Children's Guidance in the spring of 1922, a tragic figure of school failure. Transferred at the age of eleven from a church school to a public school, she had speedily been found wholly unequipped for work in her proper grade, the sixth. A psychologist to whom she was taken reported her mentally fitted to do average work in the fourth grade, but she proved unable to do even that of the first, and had to be put back into 1A. In the three months that followed, though tutored and given every encouragement the school could offer, she had succeeded in advancing only one grade.

Thus at twelve years—an unusually tall girl for her age, stoop-shouldered but otherwise well developed—Mildred was stranded in a room full of tiny children, hardly more than half her age or height. Standing to recite, she towered above the others and seemed to shrink up in an effort to be inconspicuous. Either as a result of these destructive school experiences, or for other reasons, the child had developed a profound state of intimidation, embitterment, and withdrawal from contact with others. Things had reached a pass where even her tutor, to whom she had at first responded well, could not, on certain days, elicit a word, a smile, or a gleam of interest in her work. Apathetic, unsocial, sullen, she seemed to have retired into an inner world of her own to such a degree that those who observed her had become seriously alarmed about her mental state.

Over against this picture we may set that of Mildred as she appeared one year later.

She is alert, interested and keen; seems quite happy and free. She talks spontaneously of her school progress, her

doings with the Scouts, her home affairs. She is elated at having reached grade 5A, is tutoring once a week, and eagerly looks forward to advancement to 5B before the term is over. As soon as she reaches the sixth grade she wants to go at night to trade school where she can learn dressmaking, and obtain a day-time job which will enable her to help her mother.

WHAT ACCOUNTS FOR THE CHANGE?

What has happened to bring about this result? Are the workers at the Bureau responsible for it, and if so, what did they do and how did they discover what to do?

To answer these questions it will be necessary to go back to April, 1922, and follow the steps taken, first to arrive at an understanding of Mildred's problem, next to solve it.

It is not to be supposed that the school people had been lacking in interest in this child's exceptional situation; on the contrary, they had shown lively concern and an eager desire to help. It had been explained to Mildred that she would be advanced as rapidly as she could make up her work, and a tutor had been found for her.

Nor had the visiting teacher been content with making the best possible school adjustment for the child. She had made a definite effort to discover the causes of the difficulty and a way out. She had tried three times to get a report of Mildred's work from the church school, but had been refused permission to talk with the head mistress or to call, and had never received an answer to her letter of inquiry. More successful in her efforts to sound out the family situation, she had visited the home, had become acquainted with the mother—a "sober, industrious woman," devoted to her children—had learned that the father was a drinking

man, bad tempered and often unemployed, that the only other wage earner was an older daughter, and that a younger daughter was making fair progress in another school. However, the mother was sure that nothing had happened at home to block Mildred's progress.

The visiting teacher knew, too, that the child was unfortunate in being a victim of congenital syphilis, and after consultation with the clinic that had her under treatment, had worked out a plan for ensuring greater regularity in her visits there; but the clinic offered no explanation of the school difficulty, reporting "satisfactory physical improvement."

With the failure of these approaches to yield a clue the resources of the school group appear to have been exhausted, and the visiting teacher turned to the Bureau for aid.

FIRST STEPS

The first thing to be done in such a situation, obviously, is to discover the cause or causes which have thus far eluded search. Is there anything in this child's heredity that is weighing her down? Do her father's drinking habits or other associated traits in him affect her seriously, or are there elements in her relations with other members of the household that contribute to her difficulties? In her school life it is recognized that forced association in classes with much younger children is very painful to the child, but what of her play life and her associates generally outside? Has she any bad companions, or any injurious habits? Has she worries, is she troubled by any painful memories or imaginings? What may be the mental bearing of her syphilitic condition—or, if she realizes in any degree its serious nature, what may be the effect upon her of this realization? Has she any other physical handicaps that play a part in her mental

life? Is her mental life characterized by any striking anomalies, any significant abilities or disabilities?

Even with the fullest case history we may still be unable to answer many of these questions; but until we have at least made an effort to gather information upon which to base such answers, we are hardly ready to frame a theory to account for our patient's difficulty, or a plan to meet her needs.

To arrive at an understanding of a child, her background, and her environment, it is evident that one must rely chiefly upon those who have known her longest and most intimately to furnish the necessary data. Thus after learning from the person who has requested the study all that he or she knows of the situation, the social worker of the Bureau naturally visits the home, talks with the parents, and consults any other persons who may be expected to shed light on the problem. However, the acquiring of information, desirable as this is, cannot be regarded as the sole end to be sought, and individuals whose testimony might be valuable are frequently not consulted because the emotional response which such a consultation might create in the immediate family circle would interfere with the success of the treatment.

In this case, the visiting teacher who referred Mildred, and the child's mother, were first consulted. A family agency which had known the Martins for eighteen years was also written to. It stated that Mrs. Martin was a good mother and that her husband was responsible for the family troubles, but supplied no details not given by the mother.

What did the social history of Mildred Martin reveal?

MILDRED'S FAMILY

Both Mildred's parents were born in Illinois and came to New York as young adults. Of their families nothing that

throws light on our patient's situation was learned; that is to say, no history of mental disorder or of serious constitutional troubles came to light, though it is impossible to assert positively that nothing of the sort existed on either side. The father's people were apparently better-to-do than the mother's, and Mrs. Martin spoke with great respect of his mother, who still lived at home in comfortable independent circumstances, with a son who was said to be a prosperous man. His father had, however, been a hard drinker, and another son, living in New York, also drank to excess. Mrs. Martin had not communicated with her own people in twelve years; she had given up the effort to keep in touch with them because of her husband's insistence that she was sending money home, and his consequent interference with her correspondence.

Mildred's father, now a man of about forty-two, had always been a hard drinker with a terrible temper, very brutal and quarrelsome when drunk, taking the last cent in the house to buy liquor even if this meant that his children would go hungry. While there had been a slight improvement in his habits since prohibition, he still drank whenever he could obtain anything drinkable; recently his brother was said to be supplying him liberally with some sort of home-brew.

On account of his drinking, Mr. Martin had never been able to hold a job for long. He had worked in munition works during the war, as driver of a delivery wagon, as subway guard, as ticket chopper at an elevated railway station. He had never supported his family properly for any length of time, and when Mildred was referred to the clinic he was having only an occasional day's work. Yet he was said to be, when sober, energetic in the pursuit of jobs, and a good worker.

Mrs. Martin's married life had been most unhappy. She had worked constantly outside the home, and much of the time had been the main support of the family. For eleven years she was janitress in a tenement house, but was finally forced to give up this position on account of her husband's quarrels with the tenants. She had also done washing and day's work. It had been necessary for her to accept aid frequently from one of the large relief agencies. Only during one brief period had her husband refrained from drinking and worked with any regularity. During this period, as Mrs. Martin also worked, it had been possible to buy some needed furniture and clothing.

Extraordinary as it may appear, in view of this history, the home, as it became known to the visitor from the Bureau, was a pleasant and cheerful appearing one. It consisted of five light, clean, comfortably furnished rooms in a large tenement house. Mrs. Martin and the children seemed to be happy together, and the children appeared well nourished and ruddy.

The mainstay of the family, when the Bureau made their acquaintance, was the eldest daughter, Amy, a girl of nearly eighteen, who worked as a telephone operator, earning $15 a week. Her health had always been good, Mrs. Martin said; she had finished the seventh grade in school, and she liked her work. All her earnings were turned over to her mother, who at this time was herself unable to work.

Another girl and three boys, all older than Mildred, had died some years earlier, but there were two other little girls living, both younger than Mildred. Harriet, at that time eight and a half, and thus three years Mildred's junior, was a pretty, bright looking child. She attended a different public school from Mildred, and had recently been promoted from 1B to 2A. Lois, not quite five when the clinic history

was written, was a beautiful, plump, rosy-cheeked youngster. Mildred was especially fond of this little sister.

THE HEALTH OF THE FAMILY

According to Mrs. Martin, the health records of herself and her husband were good—with an important exception. Mr. Martin, when a comparatively young man, had at one time suffered from ugly sores on his arms and legs. As these failed to yield to home treatment, his wife made him go to a doctor. He was treated in a hospital until the sores healed, but refused to continue longer. Mrs. Martin did not know at the time that his trouble was syphilis, and he absolutely refuses to admit that he has ever had this disease. He now suffers from severe pains in the back which he calls rheumatic.

Mrs. Martin never noticed any similar signs of disease in herself until shortly before Mildred's birth, when she too had an outbreak of sores. She treated them with zinc ointment and they disappeared, without her having any notion of the nature of the trouble. Four years later, in 1915, Mildred developed a swollen, lumpy throat, which the doctor said was due to syphilis. At this time Mrs. Martin and her two other daughters were also given blood tests, with results that were positive for her and negative for the children. She went for treatment to the hospital for a time, but as the injections in her hips affected her very severely, making it impossible for her to continue her work, she gave up going. At the time she became known to the Bureau she was suffering acutely from so-called rheumatic pains in shoulders, hips, and knees, so that often she was unable to walk.

MILDRED'S OWN HEALTH HISTORY

The mother's account of Mildred's babyhood reveals nothing unusual. When born she weighed six pounds ten

ounces. The birth was normal and easy. She was breast and bottle fed, was healthy and good, had her first tooth at about six months, walked at about ten months, talked early, was a bright baby and quick to learn little tricks. She, however, had never been cured of wetting the bed—still sometimes doing this even though her mother got her up two or three times a night.

It was when Mildred was four, as stated above, that she was found to be syphilitic. Since her throat was so swollen as to be nearly closed, it proved necessary to place her in a hospital. There other symptoms appeared which led to her transfer to another hospital and her retention for nine months. Her mother then felt she was not receiving proper care, so took her home and carefully followed the directions of the nurses as to clinic treatment, exerting great care lest the other children become infected. At the end of four months Mildred was discharged as cured, but soon developed "pains in her bones" and was again taken to a hospital where she spent three months.

Since then she has been supposed to report for treatment once a week. She has, however, been a very difficult patient, screaming, kicking and biting the doctors and nurses, often slipping out before the treatment, running home and pretending she had been treated. Such reactions are not at all surprising when one considers the painful nature of the treatments (intravenous injections of salvarsan), the inability of a child of Mildred's age to appreciate their importance, and the fact that she had to go alone to the hospital clinic and often wait long periods in its depressing atmosphere. Recently the visiting teacher had been sending a note by Mildred each week to the social worker at the clinic, who sent back a reply. Since this method of checking up on the child's actions had been resorted to, her attendance had

improved and she had given less trouble. The clinic reported that a negative Wassermann had been obtained in the preceding December and that progress was satisfactory, but urged continuance of the treatment.

HER SCHOOLING

In the absence of a report from the child's former school the mother's account was the only one available, though this was later supplemented by details gathered from Mildred herself. She had entered the church school at six; her five years there had, however, been much interrupted by illness. She made no progress, apparently—at all events did not learn to read—but was promoted from year to year nevertheless. Much of the time she was used as an errand girl and assistant cleaner. Finally the teachers told Mrs. Martin that they could do nothing for Mildred, and her transfer to public school followed.

Regarding Mildred's present school situation, Mrs. Martin took an even more discouraged view than did the school itself. She stated that Mildred had a wonderful memory and she believed that the child often fooled her teachers, making them think she was reading when she was merely repeating passages that she had heard the other children read. Often when the mother pointed to separate words in something Mildred had read, the child could not tell her what they were, or would say some altogether different word. Her mother did not believe that she could read at all.

HER LIFE OUTSIDE SCHOOL

Though not a reader, Mildred was fond of listening to stories and of telling them. She did not play with dolls, but liked to paint, to sew and make things for her little sister, to knit, and to play with other children in the street after

school. Her mother stated that she was apparently liked by these children, who often called for her, but that she had a tendency to torment and tease her playmates and often make them cry.

As to the child's behavior at home, the mother said that she was helpful about the house and "very good at cleaning if not bossed," but that she was silent, sullen, and very bad tempered, in particular quarreling continually with her sister Harriet, with whom she slept. Mrs. Martin had tried to discipline her, and believed she would be much worse if she dared.

Endeavoring, at the request of the worker, to trace back these traits to their first appearance, Mrs. Martin recalled that up to the time of beginning school the child had been bright, sociable and friendly, apparently quite normal. Some time after her start in school a change began, and this became more marked as the years passed, Mildred's disposition growing progressively worse until Mrs. Martin began to feel that the girl "would go crazy" if something were not done. Mildred never told at home that she had been put back into the first grade, and when she was obliged to bring home her first grade reader, hid it under her pillow. There Harriet found it one day and taunted Mildred with her demotion, whereupon Mildred flew into a rage and said she would "kill" Harriet. This, however, was the only evidence the mother had noted of Mildred's caring about being put back in school, and she gave it as her opinion that the child did not care greatly. Mildred, she said, was more like herfather than any of the other children.

Mrs. Martin was fully aware of the child's problem, and in earlier years had made special efforts to bring it to the attention of the teachers, visiting the school several times, giving them money, and begging them to devote a little

extra attention to her. The mother showed deep concern and eagerness to do whatever would be best for Mildred.

Inasmuch as sex practices and imaginings are found often to be a source of trouble with children presenting problems, the Bureau worker enquired upon this point, but learned that, so far as the mother knew, Mildred had no bad sex habits.[1] She has received no sex instruction, though her mother knew she had gleaned some information through certain irregular incidents in the life of another little girl in the house. She had shown no interest, asked no questions, and, the mother believed, had been pretty well protected in the home. She attended church regularly.

WHAT DOES THE SOCIAL HISTORY EXPLAIN?

Clearly, we know too little of Mildred's grandparents or other more remote ancestors to permit us to draw any conclusions about the part played by heredity in her case. We can only say that no special hereditary burden is indicated by our meager facts. On the other hand, there is reason to believe that both drunkenness and syphilis in a parent may so affect the offspring as to hinder normal development before and after birth. A child born with congenital syphilis may be handicapped in a variety of ways. However, in Mildred's case the mere history of congenital syphilis does not enable us to draw any definite conclusion.

The situation found in this family is a not uncommon one; parents both of whom are syphilitic frequently do not pass on this complex and baffling disease in a similar way to all their children. What a solitary victim like Mildred suffers in being set apart and compelled to submit to a nagging and

[1] As neither the psychiatrist nor the social worker has ever seen reason to differ from the mother on this point, the subject of sex is not again touched upon in this record.

painful regimen of treatments from which the other children of the household are exempt may be imagined. The degree of suffering, and the manner in which the mental attitude of the child is affected by such an experience, will however depend on many factors; no clear definition can be framed to cover all cases.

Just as difficult is it to determine specifically what influences the child-father and child-mother relationships had on this child. One may infer certain things from the father's behavior; yet the precise manner in which a particular child is affected by the presence of a drunken, brawling parent in the home, or by the social stigma felt to result from such a situation, can be determined only after close personal study. One may infer also that the mother, alive to this problem, did her best to help the child meet her difficulties. Yet, whatever the deliberate attitude of the parents, the mere fact that this child was a source of trouble created certain emotional reactions within the family group—for example the anxiety of the mother as shown by her interviewing Mildred's teachers and offering them money, by her efforts to cooperate with the clinic, visiting teacher, and bureau worker, as well as by her expressions of concern—which in turn inevitably reacted upon the child.

Enuresis, or bed-wetting, is still to a great extent an unsolved medical problem. When this habit persists to such an age as Mildred's it is frequently associated with other irregularities in a child's development. That it is sometimes due to physical causes seems probable because it sometimes yields to physical treatment. On the other hand, it often disappears without any such treatment, as a result apparently of some change in handling the child, or for no discoverable reason at all. In these cases its persistence beyond the usual age is regarded as probably due to a functional nervous

disorder. Naturally, the victim of the habit is likely to have life embittered by the irritation of other members of the family, especially of a bed-fellow. Mildred showed excessive sensitiveness on this whole subject and an aversion to discussing it. The fact that the younger sister with whom she slept had no such difficulty doubtless intensified this attitude and may largely explain the discord between the two.

What accounts for Mildred's poor school progress? The mother's story of her babyhood indicates no slowness or irregularity in development, nor did the psychological tests previously given afford evidence of such irregularities. The child's frequent absences from school on account of ill health may have led to her missing much essential elementary instruction. It is also known that she had very good powers of attending to what she heard and remembering it, so that, as her mother suspected, she may have "fooled" her teachers in the lower grades into thinking she was reading when she was only parroting what she had heard others read. Later the psychiatrist learned from Mildred herself that the church school she had attended furnished no books until grade 4B, which leads one to suppose that earlier reading was from charts. The change to books may have led to the discovery that her earlier supposed reading had not been genuine. Mrs. Martin's report of unavailing efforts to enlist the special interest of the teachers suggests that a prejudice may have grown up against the child. It is clear that patience and skill in dealing with difficult educational problems were conspicuously lacking in this school. Yet, while these various elements may all have played their part in producing the final result, it is evident that we still cannot say definitely what is responsible for the school failure of this child.

Following the completion of the social history whose main points have been reviewed, Mildred was brought to the Bureau for examination.

WHAT EXAMINATION SHOWED

With the psychologist she proved reticent and rather unresponsive. She was not interested in the testing, wondered "what it was all about," but was well mannered and evidently did her best to cooperate. She appeared not in the least elated by success and quite undisturbed by failure. Her reactions were slow and thoughtful.

It was difficult to get her attention or to hold it. Street noises distracted her greatly; she would often stop what she was doing and turn toward the sound. She made an effort to be persistent, and succeeded well in spite of evident fatigue. She was constantly on the move, playing with pencil, wiggling feet or fingers even while working intently.

Mildred showed very clearly her unhappiness over the fact that she was so much larger and older than the other children with whom she was associated in grade 2A. She could read only a very few words such as "the," "a," "boy," "girl," "ball," but wrote well and made fine figures, much better than those of the average fourteen-year-old child. She did first, second and third grade arithmetic correctly, and addition in fourth grade work.

Her stock of general information was fairly good, and her powers of association fair. Her auditory attention and memory were excellent. Her visual memory for form was good, but owing to her inability to read, it was impossible to test her visual memory for words. She defined abstract words intelligently, and handled concrete material well. In other tests she showed varying abilities, but on the whole her performance was an intelligent one. Her mental age, according to the Terman revision of the Binet tests, was 11

years, 9 months, as compared with 12 years, 2 months, her chronological age, so that her intelligence quotient was 97. This practically normal rating seems really remarkable when one considers the child's inability to read. It was felt by her examiner that with assistance in the fundamentals of education she should be able to advance regularly and rapidly.

Physical examination showed that the girl was well developed and well nourished, three inches above the medium height for her age. Her muscular development was good, though her posture was poor, with stooping shoulders. No evidence of organic or nervous disease was found. None of the physical signs by which congenital syphilis usually manifests itself were present, though her blood reaction indicated a syphilitic condition. She was of pink and white complexion, with a skin reaction slightly suggestive of an overacting thyroid gland. Her hands were long and thin with tapering fingers, somewhat flattened at the tips owing to her habit of biting her nails. Her vision and hearing were normal.

Quite apart from the examination of the psychologist is the first hand study of the child made by the psychiatrist, in this case a woman, who had already made the physical examination. She found Mildred timid and excessively sensitive, but not at all disposed to give way to her emotions; though her eyes would flood with tears when a sore spot was touched, she did not weep; she spoke in a low, unanimated voice, and her general response during the interview suggested a withdrawn, subjective attitude. She was markedly inaccessible, answering, when she answered at all, briefly and to the point, but offering almost no spontaneous material. Her fund of ideas was evidently very meager, her answers showed that she took little interest in her surroundings, and

she exhibited indifference to situations which ordinarily arouse the curiosity of a healthy-minded child. The psychologist had reported an absolute refusal on her part to look at the pictures shown her in a certain test, and complete silence when asked to explain this refusal—a behavior response reminding one forcibly of the negativism which characterizes certain forms of mental disease. When, however, the pyschiatrist explained the purpose of the picture tests, the child made no objection, studied each picture in turn, and gave a brief, logical interpretation of each.

Thus although Mildred's inaccessibility, lack of interest, emotional dullness, and general withdrawn, subjective attitude were strongly suggestive in the aggregate of a picture commonly encountered in the early stages of dementia praecox, this diagnosis was not taken seriously enough to determine procedure in the case. On the contrary, the physicians of the Bureau were inclined to view the entire situation as a deep emotional difficulty which might well be understood as in the nature of reaction to various harassing and intimidating influences that came to the child from the home, the school, and the general environment.

Mildred's attitude toward her family, as revealed in this interview, was rather a hopeless one. She was fond of her mother, it appeared, but never talked things over with her, and she expressed hearty dislike for her sister Harriet, whom she characterized as a "crank." "She fights with me all the time if she doesn't get everything her own way. She says rotten things to me. She makes fun of me for being in 1A. I don't play with her—she is always fighting and sometimes my mother hits her." Harriet's propensity to take up most of the bed was also enlarged upon. Mildred expressed the wish that she might go to the country where she could be away from her sister.

The child showed a great deal of feeling when asked about school. She had just been advanced to grade 2A, but seems to have felt very little pleasure in the promotion, perhaps because Harriet had made the same grade shortly before. She had a hopeless feeling about the school situation. Not only was reading still very difficult for her, but the second grade stories were so childish that she could get up no interest in them, never wanted to look at them outside of school.

After school hours she played with girls of her own age; roller skating was their favorite pastime. She had never confided in a grown-up but had made a confidant of one of these little girl playmates. She had no formulated ambitions, but believed she would like to be an artist, and occasionally copied pictures from papers.

Apparently she had no clear notion of the reason for the treatments at the hospital clinic, but accepted them as part of the established order.

Though Mildred was friendly and showed no antagonism toward her visits to the Bureau, she was not altogether happy about them, chiefly, it appeared, because she had been conducted to and fro by the "teacher."

THE CENTRAL PROBLEM

Thus far we have been concerned with the preliminary study of Mildred's personality and situation. From all the varied approaches made, what that is essential to an understanding of her difficulties has emerged? What that suggests the line to be followed in surmounting those difficulties?

We have here a child with an intelligence that is clearly normal and a body that, in spite of inherited constitutional disorder, and of failure to outgrow one of the weaknesses of babyhood, seems essentially sound. At least neither mentality nor physique, so far as the most highly skilled technique

of analysis can reveal, offers any explanation of this child's failure to respond successfully to the demands of her environment. Yet here she is, at twelve years, weighed down by an experience of complete school failure, and suffering from a resultant bitterness and despair that has evidently been exaggerated many fold by the circumstance of having a much younger sister, free from all her handicaps, drawing ahead and exulting in the fact.

If, in this situation, the familiar devices of sympathetic and intelligent classroom handling and of individual tutoring outside the classroom had not been tried, one might be justified in turning to these aids with confidence that they could meet the need. But they had been tried, had seemed for a time to offer hope to success, and had then utterly ceased to produce results. Clearly, school failure, large as it bulked in the foreground of the picture, was a symptom of some more fundamental difficulty. What was this difficulty?

The answer emerges from a multitude of details as the one supremely significant feature. By steps imperfectly traced in the foregoing history Mildred had reached a point in her career where hopelessness under a crushing and seemingly inescapable burden of failure, which had almost completely obliterated self-confidence and self-esteem, had become the dominant element in her case. The central problem was therefore that of restoring hope, self-confidence, and self-esteem, while at the same time every possible external lever was being applied to lightening the load.

WHAT TREATMENT INVOLVES

It is evident that the Bureau workers, led by the psychiatrist, were now in a position to make a deliberate plan for meeting the needs of this child. To be sure, the visitor in her

consultation with the mother had already laid a foundation for social treatment, while the physician, in her first long talk with the child, had begun to exert an influence which was to prove a transforming force. But in the work of the Bureau of Children's Guidance it is not until the physician in charge of the child has gathered in and evaluated all the information furnished by social history and psychological tests, not until he himself has made a most careful, thorough physical examination, and in personal contact with the child has discussed the issues involved, as the child sees them, that an attempt is made, usually in a clinic staff meeting, to outline a definite plan of treatment.

This plan may consist, at the outset, of a number of well defined measures, or merely of one or two quite tentative experiments; it may be carried through practically as first projected, or may be modified repeatedly by new discoveries and unexpected reactions on the part of the child or others concerned. Treatment centers usually in a series of confidential talks between the physician and the child, supplemented by interviews between the physician and such grown-ups, concerned with the child's problem, as come for consultation to the office. For the most part, however, contacts with parents, teachers and other interested adults are made by the social worker in the home, the school or elsewhere, and the Bureau's interpretation and recommendations are thus conveyed to those who are in close daily touch with the child. The visitor tries, too, to get into the friendliest relations with the child and to carry out personally many items in the program, drawing upon her own resources to elaborate and to supplement the original plan.

In the case of Mildred, months were to elapse before she reached the point of stating in so many words that she felt she got "a lot of help" from her visits to the psychiatrist and

was anxious to continue them. Just one week after this first visit, however, her mother declared that she was already "much better." To say precisely what took place in the mind of this hypersensitive, inarticulate little girl during that initial half-hour with the physician is manifestly impossible. Interpreting her experience by the resulting outward signs and by what is known of the parallel experiences of many other patients, one may hazard a guess. Here was a grown-up who didn't try to teach her anything or to correct her, who seemed to understand things even when all the words needed to express them wouldn't come, who talked a language she could understand, who somehow made the whole business of life seem a little less desperate and hopeless. It was a comfort to be told she was expected to come back again next week.

ENCOURAGING INDEPENDENCE

In that first interview Mildred's physician made one small discovery which determined the first concrete move in the treatment; she elicited the point that Mildred did not like to be conducted by the "teacher" to and from the Bureau. It may be recalled that Mrs. Martin had said that Mildred worked well if she was not bossed; here was an instance of the same trait. So it came about that on that same afternoon the social worker visited the child's home and arranged with Mrs. Martin to let Mildred come alone to the Bureau in future. A week later, in her second interview with the physician, Mildred appeared much happier and less dissatisfied, and expressed some pleasure at being permitted to return alone.

A small matter this, perhaps; but of no slight import when we consider that it helped to give the patient, at the outset, the impression that her friends at the Bureau

believed her to be a competent young person, quite able to dispense with leading strings, remember appointments, and find her own way about. It is worth noting here that she fully justified this confidence: never once did she fail to make her appearance at the Bureau at the appointed hour.

Another point suggested by the social worker in this same interview with the mother represents an effort to apply leverage to one of the girl's home burdens. Would it be possible to arrange for Mildred to sleep with one of her other sisters? Mrs. Martin was sure this could not be done, as both would refuse on account of the enuresis. A week later, however, another adjustment of the sleeping problem was suggested, and the mother agreed that Mildred might occupy a couch in the sitting-room alone during the summer.

It may be noted here that in the early stages of treatment Mildred's enuresis vanished, though no attempt to deal with it on a physical basis had been made. There was a slight recrudescence of the trouble many months later, but this happy change at the time doubtless contributed its share toward the more cheerful attitude which the child came to have, and toward the gradual improvement in relations between the sisters which took place.

CHANGING ATTITUDES

An attempt to modify the attitude of the home toward Mildred's problem was definitely made a week after the first talk with her mother. Just what it consisted in may best be stated in the words of the social worker's own report:

Explained to Mrs. Martin how very sensitive Mildred is about her school work and urged that she use every means possible to keep her sisters from taunting her about it or from comparing her progress with that of her younger sister. Suggested that they all treat Mildred just as they would any other child her age, empha-

sizing the fact that now she is having the better school opportunities she will learn very rapidly and will soon be in her own class. Told her that if the family encouraged her and expected her to succeed she would be happier and would make better progress. Pointed out danger of sensitive people withdrawing into themselves, brooding over their disabilities and difficulties, and developing a set feeling of inferiority. Suggested that if there was anything Mildred did more successfully than her sisters, this be picked out for special commendation and attention. Suggested that it is better for Mildred to talk things out than to shut herself up and withdraw.

This brief report covers a number of the essential principles of psychiatric treatment of individuals of the shut-in, hypersensitive type with whom failure and a resulting sense of inferiority have become chronic. The various later efforts of the social worker herself well illustrate the practical application of these principles. The mother's frequent comments on Mildred's better behavior are an indication of the manner in which she entered into the plans of the worker, who considers her cooperation remarkable.

STIMULATING GROWTH OF THE PERSONALITY

A policy of attempting to broaden Mildred's field of interests was outlined by the psychiatrist with two points in mind: first, that new interests would awaken her mentally and take her out of herself, help to overcome her absorption in her own inner life; and second, that they would remove her, for certain definite periods, from the depressing influences of the home. This general policy, in several distinct forms, has been steadily pursued, and has brought some rather definite results.

Within the first week Mrs. Martin's consent was gained to Mildred's joining a Girl Scout organization, and the worker

at once proceeded to run down one composed of little girls of about her age, to arouse the child's interest in it, and to take her to the first meeting. Fresh stimulus had to be applied to work her up to the point of actually joining, and money had to be found to meet weekly dues. She did join in May, taking two of her friends in with her. In June she went on her first hike with the troop.

Another enterprise which aimed at broadening the child's interests, and which helped also, during the first month, to lay a firm foundation of good understanding between the worker and her young charge, included a morning at the Natural History Museum, lunch, and an afternoon at the Hippodrome. The worker says of this project, in advance, that she "feels that if she [Mildred] has an outing which none of the other members of the family have had it will give her some little feeling of superiority over her sisters." The child presented, throughout the day, an almost complete passivity of attitude. Though she seemed interested in the exhibits, she had no comments or questions to offer; when a choice of possibilities was put before her, she could hardly be induced to show a preference; in the subway she sat with folded hands and expressionless face until the destination was reached. Only three or four times did she voluntarily make a brief remark; "during the show she did so far forget herself as to laugh very quietly on two occasions." She parted from the visitor silently, without expressing any pleasure over the day. Yet one indication there was that this effort to bring her out had not been wasted; Mildred said she was going to take some of her friends and visit the museum again. After all, was this not a more convincing bit of evidence than any conventional speech of appreciation?

An attempt was also made, about this time, to interest Mildred in using the public library. The mother reported

her to be enthusiastic over this, along with the other suggestions of the worker, but it was not until fall that she actually gathered the momentum to carry out the plan. This was not strange, since her attainments as a reader were still very limited.

ATTACKING FAMILY PROBLEMS

Thus far we have been noting efforts during this first period of treatment, the spring months, which proved quite uniformly successful. In addition, the worker had readily persuaded Mrs. Martin to begin again taking treatments at the hospital for her syphilis. At the same time Harriet and Lois were given Wassermanns, with negative results. Mrs. Martin tried to persuade her eldest daughter to go for tests, but the girl refused.

One other line of endeavor, also initiated at this time, failed to bring results. This was an attempt to establish helpful relations with Mr. Martin, whose state of health, drinking habits, and failure adequately to support his family were felt to bear a real though not easily measured relation to his little daughter's difficulties.

In one of the very earliest interviews with Mrs. Martin she stated that she had been trying to persuade her husband to attend the venereal clinic but he had refused. She felt that if the doctor could talk to him, he might be won over. Accordingly a letter was written asking the man to come in for a consultation about Mildred; but he suspected that this was a trick to get him to the doctor on his own account and refused to go.

Soon after, the worker made a special point of visiting the home when the father was there. She found him an unusual looking man, with a long, narrow face, a square protruding chin, dull gray eyes, and scanty hair. He talked

in a nonchalant manner about his present job as night watchman in a factory: it was very hard, he didn't care whether he kept it or not, wasn't going that night though he was expected, was looking for something better. The visitor records the impression that "he is one of those 'independent' spirits whose jobs are never good enough for them and whose responsibilities weigh so lightly that they count for nothing in the face of work that wearies or slight irritations which any man may encounter."

However, she did her best to gain the cooperation of this unpromising parent. She first explained Mildred's case to him and urged him to encourage her; then she talked with him about going to the hospital for treatment. He promised to do this "as soon as he could." The worker begged him not to forget the matter. Evidently the interview was friendly and pleasant enough, but it proved entirely fruitless. The question of drink was not touched upon; to have forced the topic in a first interview would have been manifestly unwise.

KEEPING IN TOUCH WITH THE SCHOOL

While efforts were being made to change Mildred's attitude and the attitudes of those about her, to awaken new interests and develop in her a more active mental and physical life, the problem of ensuring academic progress had not been neglected. Tutoring, arranged by the visiting teacher prior to consultation with the Bureau, had gone steadily on. The Bureau worker had visited Mildred in the classroom and had kept in touch with the school situation through the visiting teacher.

Evidence that these varied endeavors were bringing results came at the close of the first month of treatment, early in May, when Mildred confided to the psychiatrist

that she was to be promoted that afternoon to grade 2B. It appeared that her work in reading was now going particularly well—"when her tutor made her last visit she had to make no corrections at all." The preceding week had brought 100 in a spelling test and marks of 80 to 100 in arithmetic.

This progress continued, so that in June Mildred was promoted to 3A. The significance of two successive advances after intervals of a month or six weeks is apparent when one recalls that before she came to the Bureau the child, in spite of tutoring, had spent nearly three months in Grade 1B.

PLANNING FOR THE SUMMER

As warm weather came on, it became necessary to plan ahead with a view to utilizing the long summer vacation to the best advantage. A church worker was visited to learn if the church camp would take Mildred in, but it was found that the charges of this camp would be beyond the means of the family. The relief agency which had aided the Martins in past years was then consulted and agreed to arrange for the child to stay at a seaside home under its wing.

In May, Mildred had been approached on the subject of summer school work. Would she like to have it arranged for? When the social worker first raised the question, she could elicit no answer. Mildred's eyes "assumed a far-away look, she turned up her nose slightly at the thought of summer work, but she simply refused to express her preference in the matter." Probably, however, she did some thinking; at any rate, when the psychiatrist broached the subject two days later she was enthusiastic in her response. So the matter was arranged.

At this point, after somewhat more than two months of treatment, it is of interest to note the impression of those

observing Mildred as to results attained thus far. The visiting teacher recorded her conviction that the child had made a decided improvement, was much freer in talking and more spontaneous in her relations than formerly; her mother felt that she had noticeably changed for the better, and the Bureau workers, that she was happy and contented. For the next three months the issues of health, schooling, and recreation were left in the hands of other agencies.

CHECKING UP ON RESULTS

How matters had fared during this period of suspended action by the Bureau was learned during the early days of October. First came an interesting report from the visiting teacher, then visits by the Bureau's own worker to home, hospital, and school.

It appeared that Mildred had carried out the plan for summer school work, attending regularly except for a few days' interruption due to illness. At the close of the session she had gone away to the seaside as arranged, for four whole weeks, serene in the expectation of a double promotion in September.

Then came the return to school, and with it the severest shock Mildred had been called upon to endure since she came under the Bureau's care. She was put into 3A, the very same grade she would have been in if she had not attended summer school. What an insult! She reacted with vigor; for a day and a half she played truant, and when the visiting teacher called to see what was the matter, rushed away into another room, threw herself on the bed, and sobbed.

The visiting teacher talked with Mildred gently, explaining that her education must have a good foundation, that none of the progressive steps might be left out. Next day the child was in school, apparently cheerful. At the

visiting teacher's request the head of the department made a point of seeing her and promised that she would soon be in her class to examine the children and would promote her should she prove ready. In a few days the promotion took place.

In her first talk with her friend the psychiatrist, early in October, Mildred's gain appeared most gratifying. She was much more alert, interested, and keen, talked spontaneously of her good times at the seashore, and while she intimated her distress over the failure to be promoted immediately upon her return, had clearly surmounted this difficulty. She was pleased with her school progress, interested in spelling and arithmetic, and had no further difficulty in reading. She was doing her home work regularly, and was anxious to obtain outside help so as to check up on certain points which were not clear to her and which she hesitated to ask the teacher about.

Her successful progress in school, the fact that she had left her younger sister far behind in the running, the fact that the school people were interested and that the scout leader was anxious for her to return—all these elements had contributed in varying degrees to an increase in self-confidence and self-assurance so marked that the psychiatrist felt it had changed very materially her personality make-up.

The seaside outing had, of course, meant an interruption in visits to the venereal clinic, but the social service worker there reported Mildred's condition to be good. However, the doctor felt she needed a prolonged course of regular treatment and was not willing to discharge her. Her mother was said to be attending regularly.

The most important undertaking of the social worker during the months that followed was directed toward stimulating Mildred to further intellectual and social growth —a line suggested by the psychiatrist in the spring and again

emphasized as the result of this first contact with the child in the fall. Recreational opportunities were sought in the effort to widen Mildred's interest and free her from too great concentration on her own difficulties and those of her family. In particular, every effort was made to encourage the child to maintain a close connection with the Scouts. This involved furnishing her with money for dues and raising the sum needed to pay for her costume. The result has been a definite success; Mildred is now a full-fledged and enthusiastic scout.

BROADENING INTERESTS

In October the visitor learned that her earlier suggestions regarding the use of the public library had already borne fruit, that Mildred had begun to take out books. Further encouragement in reading habits was given, and it was clear that the child got some satisfaction out of her library connection.

In November the worker tried an experiment. Perhaps she remembered Mildred's saying to the psychiatrist in their first talk that she thought she would like to be an artist, perhaps she had in mind the girl's fondness for sewing and knitting—indications of a tendency to find satisfaction in the skilled use of her hands. At all events, meeting Mildred one day after a call on the mother, the worker presented her with a pretty hand-made pendant. The child was delighted, and upon the visitor's asking if she would like to learn to make similar pendants to give to her friends at Christmas, responded with enthusiasm. Soon after, an appointment at the home of the worker was made, a lesson in the art of pendant-making given, and the guest kept for supper and taken home in the evening. Later the mother told the worker that Mildred seemed to have

gained considerable satisfaction from making pendants for her classmates. She made one and gave it to one girl. The other girls saw it and they all wanted one, so she made several and gave them away.

Possibly this record of attempts to broaden Mildred's interests may seem to consist of a string of very trivial incidents, this pendant-making episode the most trivial of all. But let us look a bit deeper. It will be recalled that the worker, at the very outset, had emphasized the point that anything Mildred did well should be "picked out for special commendation and attention"; and the further point that an outing which none of her sisters had enjoyed would give her "some little feeling of superiority." That this timid, shrinking little girl, so bitterly conscious of her inferiority among a group of younger schoolmates, should have been enabled to create a small furor of interest and enthusiasm by the exercise of an art unknown to them, should have been put in possession of a measure of distinction, and given the power to bestow special favors—this is no trifle. Those who have observed children closely, or who retain vivid recollections of their own childhood, will not fail to appreciate the important rôle that success plays in the child's development—above all in the development of the child with whom failure has become a habit, deadening hope and initiative.

SCHOOL PROBLEMS AND PROGRESS

It was during this same month of November that the psychiatrist, in her second talk of the fall with Mildred, made a minor discovery of some significance. The child suddenly revealed her very great sensitiveness over the fact that she had never, since coming to her present school, received a monthly report card. A mere trifle, this, from the

adult standpoint. Of course, Mildred was in a sense a special student, being advanced at irregular intervals as she proved prepared—she had already, in October, reached 4A; and it had never occurred to any one who dealt with her that she might be taking this omission of a minor formality to heart. But that was to reckon without the herd instinct in one of its fundamental aspects. When Mildred's little friends, showing one another their cards and talking proudly of A's or B's, asked her about *her* standing, what was she to say? Her efforts to evade the recurring difficulty, to cover up her exceptional situation, had been contributing, for a year past, to her consciousness of a difference, an inferiority to her comrades—and no one had ever suspected the fact. Naturally, discovery led to speedy application of the obvious remedy, and in December we read that Mildred "is very happy about receiving a report card for the first time, although the C in work [received in one subject only] she feels sure ought to improve."

It did improve. All this fall Mildred had been going practically "on her own," the only tutoring she had received having been some coaching at recess, arranged by the visiting teacher, who noticed that the girl never played with her small classmates during that period. She had been promoted a second time, in November, to 4B, but there, as already indicated, her work had not been especially good. In reporting the December interview already referred to, the psychiatrist suggested that Mildred's present teacher should be interviewed to learn more in detail about the child's work, and whether tutoring was advisable. "Certainly we ought to assure, if possible, her continuous progress and promotion to 5A if this can be achieved."

The teacher, "a very attractive, sympathetic and understanding young woman," stated that Mildred was doing

"low B grade work," but was trying hard and improving. She did not think the child should progress further just yet, as she needed drill; she would benefit by tutoring.

Accordingly, in the psychiatrist's next interview with the girl the subject of tutoring was broached. Mildred had reported, meanwhile, some improvement without such aid—she had received "B plus, B, A" on her report and was hoping to get into 5A grade. Despite her evident ambition, she did not take kindly to the suggestion of tutoring; her first response was, "I don't want to do it." She was pressed for a reason—and then came another curious discovery. She didn't want to go to the assembly room—the place where she had met her tutor the year before. Again, why? Because "I don't like the others to see me or ask me questions."

As the psychiatrist points out, we have here an instance of how an entirely unforeseen reaction on the part of an extremely sensitive child may interfere with the success of a well planned effort to help. "This understanding of a child's possible emotional response to a remedial social measure should indicate to us the importance of using a little more imagination in the application of measures for treatment, especially in the handling of sensitive individuals."

Soon after this the visiting teacher was able to arrange for lessons with a tutor after school hours—not in the assembly room. February brought the desired promotion to 5A, and Mildred at once began to plan for a further advance during the term. Thus, with a record of seven promotions during the year, she is still pressing on.

This story would be incomplete if it were to leave the impression that school progress alone had been the goal of the Bureau's efforts and the child's school record the only

means of measuring her improvement. Efforts to broaden her interests and her response to these efforts have already been dwelt upon; her recreational life has been notably developed and her whole outlook is far happier and more normal than in the old days. She has taken to reading the papers, as well as books from the library, has been making new friends, has passed her final scout tests, and is altogether quite a socially active young person. In her eagerness for summer work she recently went, with two friends, to see a possible employer. The other girls were refused because they were small, but Mildred—who has grown amazingly during the past year—stated that she was fifteen, and had all but "landed the job" when she was called upon to produce a birth certificate. The incident speaks for itself as to the maturity and self-confidence which the past eventful year has brought—even though respect for the majesty of the law and a sense of obligation to tell the truth have not come with them.

HEALTH AND THE HOME

It will be recalled that early in October a good report of the girl's condition had been received from the venereal clinic, but that her continued attendance had been deemed necessary by the physician there. Shortly afterwards the Bureau's field worker conceived the idea that if Mildred were trusted to keep appointments at the clinic, as she was at the Bureau, attendance would be less disagreeable for her and she would rise to meet the new responsibility. So, with the psychiatrist's approval, the new plan was tried. The worker carefully explained to Mildred how important the treatments were, "that they were for her good, and the more regularly she attended the clinic, the sooner she would be discharged as cured." She was asked "if she would rather not take the notes back and forth, as we felt she was a young

lady now and could be entirely trusted to take her treatments in a lady-like manner without the use of notes." She said she would much rather go without, and that she could be depended upon to do this; "she did not even wish to be reminded by the teacher to go each week."

A report from the clinic in January does not indicate any better or any worse attendance as a result of these various experiments in method; in only one month since the summer, November, had Mildred been there more than once. This report is certainly not very encouraging. It is true that physicians are by no means in agreement as to the need of long-continued treatment in congenital syphilis, especially when, as in Mildred's case, there has been marked improvement and a negative Wassermann. Nevertheless, the importance of meeting appointments and doing one's share in plans made by experts for one's welfare is clearly not to be underestimated.

As has been stated already, Mrs. Martin had been influenced in the spring to begin treatments again. During the fall, however, her attendance record proved to be worse than Mildred's; she had been to the hospital only three times between summer and early January.

This unsatisfactory record is far from surprising; for as it had proved impossible to induce Mr. Martin to take treatments, his wife was rather half-hearted about her own, believing them useless. Moreover, she had worked for part of the fall at cleaning from 9 a. m. to 3 p. m., which made it impossible for her to go to any but an evening clinic. When she gave up this work it was to stay at home with her two younger children who were ill with influenza and whooping cough.

There remains the vitally important project—part of the original plan—of improving Mildred's home background by

bringing about a change in her father. The social worker tried repeatedly, during the fall and winter, to reach Mr. Martin, but only once did she succeed in finding him at home. His attitude on this occasion was sullen and defensive; he hadn't gone to the hospital because he didn't have time—he never had time; he didn't believe in doctors; there never had been anything the matter with him and there wasn't now. When the visitor, feeling the futility of efforts at persuasion, switched the talk to his difficulties in finding work and asked what he would like best to do, he thawed out and became more communicative.

In the hope that through being of some service to him she might manage to gain an influence, she followed up this talk by sending the man a note telling of the state employment office and of opportunities for work at a certain hospital. This letter Mrs. Martin placed where her husband could see it, but he left it unopened for days, refusing to look at it because it was from the Bureau. Then the worker wrote again, a personal letter in longhand, trying to explain the dangers involved in neglecting treatment and urging him to go to the hospital. This letter was never given to Mr. Martin, who was drunk when it arrived. Mrs. Martin says he accuses her of "getting the visitor to keep after him."

During this winter Mr. Martin's behavior seems to have been growing worse. His wife reported him again and again as almost beyond endurance. They had such "awful fights" that the neighbors came in. The constant trouble had a very bad effect on the children, especially on little Lois, who cried and plead with her parents and became much excited. Mildred, the mother said, was the only one who would call her father "Daddy" or speak to him affectionately.

Mildred, meanwhile, had reached such a degree of spontaneity in her interviews with her friend the psychiatrist

that she talked freely of this recurring home tragedy. Intensely sensitive as she showed herself about the whole miserable business, feeling her father's conduct to be a blot on the family name, seeking to conceal the situation from her friends, none of whose fathers behaved so—she yet never spoke harshly of the author of all this wretchedness. She "would like to kill" the man who gives him the drink, but she remembers to mention that her father is a very loving father when he is not drunk, and she tells how she cares for him when he is beside himself. "I always put him to bed. I can always get him to sleep if I sit and talk to him, and that gets him over it."

FINAL VALUES

To have lifted the worst burden from the shoulders of mother and daughters by reclaiming the ne'er-do-well father would have been a triumph of social service. That this was not accomplished does not, however, diminish the success achieved in transforming his little daughter from a timid, hopeless, despairing child, utterly unequipped to deal with life, into a wholesome, vigorous, planful young person, working hard, carrying her full share of the family burdens, and looking forward to the not-far-distant time when she can assume financial responsibility and relieve her over-weighted mother. This story carries no implication of any new mysterious force which can transform the hard conditions of life. It does make clear, however, that a technique is being developed which, by changing fundamental attitudes, habits and ways of dealing with life experiences, can nullify many adverse influences in personality and environment. In this instance latent powers were developed, new courage was evoked, and a child hitherto unequal to the struggle for existence was fitted to meet

hard, unchanged conditions. That a profoundly unhappy little girl was thus transformed into a normally happy one will seem to many lovers of children a sufficient justification of the entire procedure.

March 1, 1927.

The reader who has followed Mildred through the months of readjustment covered in the preceding pages, may be interested in a glimpse of her as she appears today.

Last year she successfully fulfilled her contracts at a Trade School for girls and completed her training there. A job in the novelty trade was found for her. She has made continuous progress, gaining the appreciation of her superiors and making many friends among the workers. Her deftness carries over into the home, where she has developed ability in making novelty lamps, with very real success. Her interest in instructing her mother has led the mother into the field too, and Mrs. Martin devotes her spare time to making bead purses and party dresses for her children.

In her social contacts Mildred is an adolescent with normal adolescent interest in boys. She says: "There is one boy that I like better than the others, he is an electrician and a very nice fellow, but I'm too young yet to think of settling down, and so I believe there is no point in specializing"; and with a twinkle in her eye she adds, "You see, Doctor, there is safety in numbers."

No marked change has taken place in the behavior of the father, although there are times when the progress his little family has made becomes a very real source of pride and satisfaction to him. On these occasions he becomes a member of the family group, his jovial friendliness bringing an added spirit of warmth and congeniality. The increased understanding and maturity of the children make life for him more tolerable, and when he falls from grace, as he still does on occasion, the family security is not threatened as in the past, for the children cheerfully carry on.

We no longer think of Mildred as a problem child, and the philosophy of mental hygiene which emphasizes the truth that "it is not what happens to one but how one feels about it" that matters most, has made it possible to help this once burdened child to grow and profit by her experience.

II

SIDNEY

WHEN Sidney Leighton's teacher in the sixth grade of a New York Public School discovered that this eleven-year-old boy had unusual ability and arranged for his transfer to a certain Junior High School, she was acting up to the highest lights of her profession and giving him the best chance the system could offer. That things did not turn out quite as anticipated for her promising pupil only goes to show how complicated an organism a small boy is, and how the most careful observation in the classroom may leave undisclosed factors that have power to upset carefully laid school plans.

Equally unforeseen were the effects upon the boy of his parents' separation, which had taken place a year before this transfer, and of the altered setting in which, as a consequence, he found himself. In breaking up their home Mr. and Mrs. Leighton had acted deliberately for well considered reasons and had not been unmindful of the welfare of their youngest son. But it is safe to say that they did not anticipate how deep was to be the influence of their decision upon the boy's thought and action.

Seeds of trouble dropped in a young mind may lie dormant a long time. Three years had elapsed since his parents' separation, nearly two since his transfer to junior high school, before Sidney's problem reached such an acute stage as to compel the attention of the adults responsible for him and lead to consultation with a physician specializing in the mental troubles of children.

The boy was now thirteen—rather delicate-looking, small and slight for his age, wearing glasses, yet withal a prepossessing youngster, keen-witted, alert and friendly. with a self-confidence that bordered at times on arrogance,

What had brought this bright boy, appreciated and liked by his teachers, to a pass where expert advice by a psychiatric clinic seemed needed?

To answer this question involves a long story. First, and more briefly, the circumstances which led to Sidney's being referred to the Bureau of Children's Guidance were these: his advancement to junior high had been followed—not immediately, but in his second year—by truancy, a bad slump in work, and such reckless abandonment to auto-erotic sex practises, even in the classroom, that he had to be corrected for them there. Transferred back to his former school, his conduct and attitude toward work continued unsatisfactory, and after a few weeks his much troubled teacher arranged for an examination by a school psychologist. This confirmed opinions as to the boy's unusual ability, but as he still played truant and paid little attention to his studies he was demoted, a month later, to the seventh grade, and the Bureau was asked to make a study of him.

THE FAMILY

An account of Sidney's antecedents and early childhood, as obtained from his mother, is essential to an understanding of his problem.

The marriage of his parents had occurred more than thirty years earlier. Mrs. Leighton was at that time a mere child—only fourteen, she says—while her husband was just twice her age. He came of steady church-going stock, very long-lived on the mother's side, and was a high school graduate. She was an orphan, the daughter of a Methodist minister, and had received a grammar school education. On neither side was there any ascertainable record of physical or mental disorder.

Mrs. Leighton said that she had been tremendously in love with her husband when she married him, but soon found that he was ready to settle down while she was just beginning to live. His income—he was a carpenter and small contractor—was not large, and she felt that he was stingy in his allowance to her. As no babies came for several years, she soon began to work in order to provide herself with comforts and luxuries otherwise unobtainable and in time became a skilled seamstress. However, her husband was unwilling that she should spend even her own earnings in her own way. She continued to work after her children began to arrive, but throughout her entire married life money remained a bone of contention, and the lives of the older son and daughter—the latter ten years Sidney's senior—were passed in an atmosphere of petty bickering, disagreement and misunderstanding, for which the mother states that she was just as responsible as her husband. However, she does feel that he showed, at times, a real lack of responsibility for his family. For example, she relates how, when the children were young, he would leave her alone with them in a tiny town in western New York, going off on jobs and sending no money home for months at a time. During these intervals she was obliged to manage as best she could, even taking in washing at times. She became desperately lonely, and finally began to go to dances with some of the neighborhood boys. When her husband learned of these festivities he was very angry, but soon yielded to her entreaties and moved his family to a Pennsylvania town where he would be nearer his work opportunities.

No great improvement in the relations of husband and wife followed as a result of this change, but they continued to worry along until the two older children were grown and Sidney was ten years old. Then the break came in connection

with an operation which Mrs. Leighton was obliged to undergo. Her husband gave it as his opinion that no decent woman would be in need of such an operation, and refused to pay the bills. When she came home from the hospital he would not speak to her, and refused to get any one to help her with the housework. She spent the summer with a friend, and in the fall had the decisive talk with her husband which led to their separation. There was no court procedure. Mr. Leighton continued to live in the town where Sidney had grown up, and where his brother and sister, both recently married, had settled. Sidney stayed with his father temporarily, while Mrs. Leighton came to New York with the understanding that as soon as she had a home the boy should join her.

THE HOME

The home in which the visitor from the Bureau found mother and son when she called, three years later, to make the preliminary social study was a comfortable, well-kept, sunny apartment in a good location. Mrs. Leighton took in sewing and rented rooms to men lodgers. Evidently she was making a brave fight to support herself and her son; her husband, she said, did not contribute to the expenses of either, though he had promised to help with the boy. Sidney had worked for a local shopkeeper on a few Saturdays, receiving each time $2.00 which his mother had let him keep. In future she meant to have him save it. So narrow was her margin that she had felt able to retain, besides her kitchen, only one room for Sidney and herself, and the boy shared a folding bed with her.

Mrs. Leighton is described by the visitor as a young, affable and well-poised woman of good intelligence. It appeared that she frequently entertained her lodgers at cards until late at night in the room she shared with Sidney.

When the worker called, one of the lodgers was drinking tea with Mrs. Leighton and Sidney. The visitor was impressed by the naturalness of the atmosphere, though at the same time she was struck by the careless camaraderie which made it possible for Mrs. Leighton to preside in an extremely décolleté slip-on gingham house dress, and to show no embarrassment, merely explaining that she had been house cleaning earlier in the day.

THE BOY HIMSELF

The mother's account of Sidney's early development, given on this first visit, contains little that is striking. Except that she was extremely unhappy while carrying him, the pregnancy was normal. His birth was likewise normal, also his record for walking, talking and teething. He was a bottle-fed baby. Between the ages of three and five he had whooping cough and measles, without apparent after effect, and in early childhood had his tonsils removed. There had been no persistence of infantile habits except that he wet the bed until ten.

According to his mother, Sidney had entered school at five and had always done splendid work until the preceding year. He had enjoyed the village school in his home town, but in spite of the excellent record he had made during his first years in New York, had never become reconciled to the big city schools.

The dislike Sidney felt for his city school was only a small part of his detestation of all things urban. He hated the city, felt choked and crowded, and had not been happy since he came to it. On the other hand, he spoke with enthusiasm of the country. On his truant days he was given to going where men were building houses, doing the kind of work his father did. He was a sociable lad who made friends easily. He did

not care for out-door sports like baseball, though he could swim and skate—forms of exercise for which the city offered very limited opportunities to a stranded country boy of small means. He was an omnivorous reader, took books from the public library and owned a number of well worn volumes of his own among which were the "Tom Swift" series. He was devoted to indoor games and his friends came home with him to play in the afternoons. He usually went to the movies once a week with his mother. Mrs. Leighton did not have an active church connection in New York, but Sidney attended Sunday school, though somewhat irregularly.

The mother knew of the boy's habit of masturbation, and had warned him recently that he would injure himself if he continued it. She thought he had stopped, at all events he had promised her to do so. She had not, however, given him any sex information and expressed the hope that the physician at the Bureau would tell him what he ought to know.

When, in the course of this first interview, Mrs. Leighton assured the visitor she "would do anything on earth for Sidney," the boy, overhearing her from the hallway, called back, "Yes, anything except the one thing I want to do and that's go to live with father in Tilton. I so much want to go home and you won't." The visitor, however, notes that the boy had shown a quite normal affection for his mother.

HIS SCHOOL DIFFICULTIES

Sidney's school history in New York has already been traced. It remains to note the explanation given by some of those concerned for its ups and downs.

First, as to the boy's downfall in junior high. Mrs. Leighton, questioned by the visitor, gave it as her opinion that this had come about through his having been too much

put upon his honor there. Trusted with a responsibility which he was not able to meet, he had played truant, had been afraid to go back, had fallen hopelessly behind in his work and had thus been impelled to further truancy, completing the vicious circle. His latest teacher, on the other hand, felt that he had failed because he wanted his own way, and was pampered at home; she further intimated that he was being too much sympathized with by investigators.

It will be recalled that some weeks before Sidney came to the Bureau, he had been examined by a psychologist. The recommendation based upon this examination had been that on account of his unusual ability the boy be allowed to advance as rapidly as he could prepare for promotion. Yet, in the face of this advice, and though his capacity for eighth grade work was not doubted, he had soon after been put back a grade. Why? Answering this query, Sidney's eighth grade teacher frankly acknowledged that it had been her indignation over his bad conduct that had led to his demotion. As his teacher in the sixth grade, she had been the first to discover him and push him ahead, and her chagrin over later developments had been correspondingly keen. Nevertheless she was clearly not obdurate in her wrath, for after learning the peculiar difficulties to which Sidney had been subjected in his home, she assured the visitor that if the boy were again promoted and came under her care she would hold no grudge but would give him a fair chance. Doubtless, sorely tried as she had been, she still felt affection for her puzzling young changeling of a pupil.

DEFINING THE PROBLEM

Such is the sum of knowledge regarding Sidney's history and background which was in the possession of the physician

at the Bureau when the boy was first brought to him for study.

At the Bureau attention was given first of all to the physical side of Sidney's equipment. He was rather frail and anemic looking, somewhat undersized and several pounds under weight. He had a visual defect, corrected by glasses. His muscles were not well developed and were of poor tone; he tired sooner than his playmates, he said, in outdoor games. His heart, lungs, abdominal organs and nervous system proved to be normal, but there was some suggestion of an inadequate functioning of the thyroid gland. Altogether, there was felt to be a good deal of room for improvement in the boy's physical equipment, especially in the direction of nutrition and growth.

As the physical examination progressed the examiner had been using his opportunities to become acquainted with his young patient. Sidney had at first seemed puzzled as to just what attitude to take, and his initial responses to questioning had been somewhat guarded and evasive. Gradually, however, he became more natural in his attitude and seemed to be frank and truthful in his replies on most subjects. In this process of breaking the ice, the obvious and more or less familiar technique employed undoubtedly was a definite aid.

The problem which the physician faced, in dealing with this rather delicate but exceptionally bright adolescent, was a complicated one. The social worker's account of the boy's family background and present mode of living suggested, to a mind trained in tracing causes of mental troubles and conduct disorders, certain possible explanations for his unwholesome sex life, truancy and school failure. But these causative factors, if such they were, lay embedded in experiences so intimately involving the boy's love and respect

for his parents that in approaching them the danger of violating possible inner standards of loyalty or of delicacy was felt to be very great.

Naturally Sidney's discontent with city life and longing for the old familiar countryside and small town school associations, already reported by the social worker, were the part of his trouble that most readily found expression; no inhibitions due to family pride or affection made him hesitate to express himself on such points. Once launched, it was but a step from his feeling for his old home to his feeling for the father who lived on there, whom he greatly admired as a man and longed to be with. This desire, however, was not for a moment to be interpreted as disloyalty to his mother; he loved her too, and would not think of going home without her. The truth was, he felt it had been not at all necessary for his mother to leave his father and come to New York to live; it had only caused a lot of trouble and made him very unhappy. Then, too, he hated his mother's having to carry on a rooming business. The roomers were very nice men, but he got tired of them, especially when they lounged around late evenings, smoking and playing cards. Of course this way of earning her living was essentially all right, only it bothered and worried him. Evidently his mind was much preoccupied with the family problem—with this unaccountable failure on the part of his two loved and admired elders to appreciate one another and get along together, and with the ramifications of their disagreement, which had completely upset his world.

With regard to his school difficulties Sidney seemed genuinely distressed, especially over the experience of being put back a grade. He wanted to be reinstated in the eighth grade, thought he could get on all right now with his former teacher. He meant to go through high school, but beyond this he had

no plans. He said he did not quite know how to account for his school failures, but added, "It must be just the general trouble"—meaning his intense dissatisfaction with city life and with his mother's attitude toward the family problem. He got irritated and depressed, "sore at school and everything," and found in truancy some measure of relief.

Approached regarding his masturbation the boy was evasive and reticent. He could or would give no clear account of events attending the onset of the practice and said he was not aware of any special mental content at the times when he indulged himself. He had been told by his mother that the habit was injurious and said he was trying to abstain. Of further interest in this connection was the fact that this boy of thirteen slept with his mother. When questioned on this point he gave the impression of not having given much thought to the subject, yet clearly appreciated that it was not the usual thing for a boy of his age and showed considerable embarrassment and uneasiness in speaking of it.

Supplementing the knowledge of Sydney gained through the physical and psychiatric examination came, a few days later, a full psychological survey. This placed the boy in the category of superior intelligence, with an intelligence quotient of 125—though it must be borne in mind that he had had the Binet tests (Stanford revision) less than two months before, and obviously remembered many of them. While these familiar tests did not interest him, he was intensely interested in all the new ones, devised to evaluate special abilities. He was friendly and cooperative and eager to show his ability to perform correctly. He displayed a great deal of assurance, and was not in the least depressed by failure. His attention was easily gained and fairly well sustained, except when tests brought up memories of personal accomplishment, when he would launch forth

into a long story of what *he* had done on a certain occasion.

The boy's reaction in all tests was very rapid; indeed he exhibited nervous haste to get at the next problem. At the same time he was unusually persistent and showed no fatigue, asking for more tests at the close of the performance. In visual memory and mental representation, in apperception, generalizing power, and abstract reasoning, in interpretation of fables and of pictures, in planfulness, in vocabulary, he was far in advance of his age. Indeed, his work was of almost uniformly high grade, showing a keen intelligence with no outstanding difficulties. He had a good fund of general information, and showed a lively interest in national and world affairs.

With such tastes, it seems curious that he should have disliked history and geography, as he declared he did, and should have done poorly in school tests in these subjects. Obviously, it is impossible to explain his school failure on the basis of any intellectual lack.

Following the series of examinations outlined, the physician in charge of the Bureau of Children's Guidance formulated a definition of the problem presented by Sidney Leighton which sums up the situation:

> The problem is that of an early adolescent boy of rather inferior physical equipment but of exceptionally good intelligence who finds himself balked in his main desire. The satisfaction of this desire under present circumstances is made impossible because of the intense conflict which the idea of a separation from his mother brings up. The effect of this on the boy is in the nature of a general dissatisfaction and unhappiness which is further aggravated by the home conditions under which he has been living. His truancy probably furnishes a certain relief, especially when one keeps in mind his tendency to spend his time, while truanting, watching men do work such as his father does. At any rate it carries the

possibility of symbolizing "a running away from an unpleasant situation." The transfer to the junior high school, with the greater demands put upon him, and "being put too much on his own honor" as his mother states, was a sufficient aggravation of an already unpleasant situation to account for his greater running away, or truancy. It is not possible to estimate, at this time at any rate, the true significance of his active sex preoccupation and what role his living conditions play in this; but one must not ignore the possible relationship between the boy's close sleeping contact with his mother and his intense masturbatory activity. These tendencies only make it more imperative to view with concern the possibilities for further serious maladjustment in this exposure of the youngest son of a conjugally disappointed mother to such intimate living together with her. The danger lies in the development of a too great and permanent mother-attachment which is sometimes very difficult to overcome.

This must be thoroughly explained to the mother, who already suspects that their manner of living may be harmful to the boy. The direct irritations ought to be removed by providing for the boy a separate room to sleep in and the possibility of a little greater privacy.

On the health side he needs better food and a more intelligent dietary régime, more regular sleeping hours and the cultivation of an interest in healthy, outdoor activities, preferably in some such enterprise as the Scouts.

In the first interview between the psychiatrist and his patient two major needs of the boy had emerged with such clearness that a definite effort to meet them was made.

THE PHYSICIAN AND THE BOY

First, in discussing the family problem with Sidney, it was suggested to him that there were some things he couldn't modify, and that probably there were things in his parents' relations that he didn't understand. The virtue of making

the best of an unpleasant situation which one cannot change was pointed out to him, and the suggestion was made that he might find it more endurable if he could view it as not necessarily permanent in nature. He was also encouraged to maintain his affection and respect for both his parents even though he was not happy about the situation. An expression of admiration for the way in which his mother was handling her economic problems, casually thrown out by the physician, was intended to remove whatever anxiety the boy might have felt lest an unfavorable interpretation be placed upon her way of earning her living.

With the aim of helping the lad to a better insight into his sex difficulties some general discussion was entered into regarding the subject of adolescence, with the reawakening at this period of intense sex-stirrings; and the thoroughly unhealthy way in which he had met the problem was pointed out to him.[1]

THE SOCIAL WORKER IN THE HOME

At the close of this first interview between physician and patient the psychiatrist talked over the boy's case with the social worker who had made the preliminary study, and pointed out certain steps of treatment to be followed. First the mother should be led to appreciate the importance of the boy's having a room of his own and keeping regular hours, and the need of careful dieting to build him up physically should be pointed out to her. Outdoor play under supervision should somehow be arranged for, possibly through membership in the Boy Scouts. Sidney's teeth should be examined to ascertain whether their crowded condition and the delayed dentition involved any serious trouble.

[1] Readers who are interested in pursuing this topic further will do well to consult G. Stanley Hall: "Adolescence," Max F. Exner: "Problems and Principles of Sex Education," T. W. Galloway: "The Father and His Boy."

Two days later the social worker began to carry out the plan thus outlined. Dental examination and X-ray revealed no serious condition. The slow dentition was said to be due, probably, to lack of certain chemicals in the boy's diet. Sidney was instructed in oral hygiene.

The social worker then called on Mrs. Leighton and had a most satisfactory talk with her. Quick to see the bearing of each point made, and eager to do her utmost for her boy, this intelligent mother readily agreed to make the suggested changes in diet. She would at once discontinue giving Sidney tea and coffee and substitute milk; he should have a quart daily for his own special use, more if he would take it. Fully appreciating the value of outdoor play, and of play under supervision, she would encourage her son to join the Boy Scouts. She would also try to arrange for him to spend part of the approaching vacation in a boys' camp—a plan which she already had in mind. She realized that a good deal of work was needed on the boy's teeth and was planning to have it done soon; she would try to see that he used his toothbrush until he had formed the habit.

The question of providing a room for Sidney's exclusive use was a more serious one, because of the financial difficulty involved; but here again Mrs. Leighton rose to the occasion. Her final conclusion, after some debate, was that she would reserve a six-dollar room, now vacant, for the boy, and would take in enough extra sewing to make up the deficit. She showed plainly that she thoroughly understood the underlying reasons which led the psychiatrist to regard this readjustment as essential, and was disposed to blame herself for not having made the sacrifice sooner. She preferred undertaking the extra work to appealing to Mr. Leighton. Some weeks later, however, she did write to her husband asking help for Sidney—a letter which the social worker

describes as "tactful" and "explicit"—and in reply received a letter which she showed the worker, wherein Mr. Leighton promised to send some money as soon as he collected certain sums due him.

Another point made was that Sidney should be in bed regularly by nine o'clock; his mother would see that his light was out at that hour. The boy's new room, a comfortably furnished one with a good window on the court, was shown the worker. She suggested that Sidney be permitted to fix it up to suit himself with his own books and pictures.

MRS. LEIGHTON AT THE BUREAU

Successful as the social worker had been in carrying out the psychiatrist's program thus far with the mother, it yet seemed desirable to make quite sure that the important principles involved in readjusting the living conditions were clearly understood by her. Accordingly Mrs. Leighton was asked to come to the Bureau for a talk with the psychiatrist, and willingly did so.

In this conversation particular stress was laid upon the danger inherent in the boy's sleeping with his mother, especially in view of her own emotionally disappointed state and her inevitable effort to find compensation in her devotion to her son. She was helped to appreciate that while her separation from her husband might be fully justified so far as she and he were concerned it carried with it as a by-product profound unhappiness and conflict for the boy, who was equally fond of both parents. She was warned on the one hand not to shake Sidney's respect and affection for his father by emphasizing her own grievances, or to try to wean him away, since this relationship had for the boy a definite constructive value; and on the other hand, to guard against too close an emotional bond with her son which as the years

went by might hamper his free development into a healthy mature individual, free to give his confidence and devotion to the life partner of his adult choice.[1] This might seem a pretty stiff dose for the average mother, but the psychiatrist had rightly estimated Mrs. Leighton's capacity; she fully grasped the points made, accepted without resentment, the advice offered and told the social worker, at their next meeting, that she had been much pleased with her visit to the Bureau.

So much for the central aspects of treatment—the effort to help both mother and son to a better insight into their entire situation and into the probable relation of the central family problem to the boy's maladjustment; and the closely allied effort to secure certain modifications in the home environment of the boy.

SCHOOL ADJUSTMENTS

Hardly less important was the undertaking of adjusting the boy and his school to one another: on the one hand, improving his attendance and effort, and on the other, removing the prejudice which had grown up against him. In her first visit to Mrs. Leighton after the psychiatrist's examination of Sidney the social worker had learned that only the day before the boy had played truant again. At noon he had confessed to his mother that on his way to school he had lingered at a nearby stable to watch a man rub down his horse and "just got to fooling around" until, realizing that he had made himself late, he decided to take the morning off. His mother was very much distressed at not being able to trust the child about going to school, and was also alarmed lest, in these vagrant hours, he should fall under the influence of some depraved adult. This fear—not ungrounded, as

[1] The reader who desires a fuller understanding of the point here made is advised to consult H. Crichton Miller: "The New Psychology and the Parent," or William A. White: "The Mental Hygiene of Childhood."

workers with boys know—had been implanted in her mind by the school.

A few days later the social worker had an opportunity to talk to Sidney about this important subject of truancy. The boy flushed up and seemed much embarrassed when she told him how badly she felt to have to go to the school and ask "Has Sidney attended regularly?" He said he had promised his mother not to play truant again, and agreed that if he should do so he would come and tell the visitor. Having thus put himself on record, he "deftly turned the conversation to stamps," urging her to come up and see his collection some afternoon and play games with him.

To the school principal, in these first days of teatment, the visitor took pains to explain how family worries and unwholesome living conditions had been hampering Sidney, and how conditions had been modified so as to give him a better chance. Heretofore the school people had known the boy only as a pupil, an isolated bit of humanity—whose mother, indeed, had been interviewed, but whose home background was wholly unknown. Seeing him now for the first time in the round, they had no difficulty in making allowance for past misdemeanors, especially as these ceased to repeat themselves. Very soon the boy was advanced to the eighth grade once more, and from then on his progress was satisfactory and no further complaints of his conduct are recorded.

ATTENTION TO PHYSIQUE

Meanwhile endeavors to build up Sidney's physical strength had not been confined to arranging for him to have a separate room and a more wholesome diet. Thyroid treatment had also been instituted. This was kept up for two or three months. The extent to which it may have aided in improving the boy's general physical condition can not be

precisely measured, but there is reason to believe that it was a contributing factor.

Also, within a month of Sidney's first contact with the Bureau he joined the Boy Scouts. Later a check for $10.00 which he received from his father was devoted to the purchase of a Scout uniform. The expense of the Scout camp was felt by Mrs. Leighton to be beyond her means, but it was evident that in this as in other matters she did her utmost to act upon the advice of the Bureau. Her plans for the boy's summer were entirely satisfactory: he was to go camping for two weeks with his Sunday school class and spend the rest of his vacation at an uncle's farm where he would have outdoor life, unlimited milk and fresh vegetables, and the companionship of an older boy cousin believed by his mother to be a thoroughly wholesome, responsible lad. Mrs. Leighton was to pay a small sum weekly for Sidney, and he was to do a certain amount of farm work, which he liked.

By the time school closed there was every evidence that Sidney had become readjusted. Seen at the Bureau by the psychiatrist, he appeared happy and well, and declared things were going satisfactorily with him. He had been duly promoted. To his mother he had just before this voluntarily said that he did not know why on earth he had been so bad, and that he certainly would not act so again.

VOCATIONAL GUIDANCE SOUGHT

Before the close of school Mrs. Leighton had shown in a very concrete way her appreciation of the help rendered by the Bureau of Children's Guidance. She had expressed a wish that in the fall Sidney might be further studied and tested there, and advice given her as to the high school he should enter when he graduated from grammar school, as he expected to do in the following February. He had recently

shown special enthusiasm for drawing and manual work, which made her wonder whether a technical high school would best meet his needs.

At the end of September the visitor from the Bureau called to arrange for appointments with the psychiatrist and psychologist—and naturally, to learn how things in general were going. Sidney was at home, his mother out. He reported a very happy vacation and a satisfactory start in school. A new source of pleasure at home was a radio outfit in which he was greatly interested. He would be glad to come to the Bureau for tests, but believed he wanted to enter a classical high school so that he could go to college.

One thing about the home situation troubled the visitor; Sidney was again sleeping with his mother, his room having been rented for the summer to a young man who still occupied it. However, three days later when the boy visited the Bureau this matter had been adjusted and he again had a room to himself.

The tests which Sidney was now given confirmed earlier findings as to his general all round ability and revealed special gifts for visual perception and representation which indicated that he was well equipped by nature for the profession which he thought he would like to take up, architecture. Certainly there was every indication that he would succeed well in high school.

To the psychiatrist the boy appeared thoroughly normal and happy. He had gained five pounds and looked well. He gave, again, a good report of his summer, a very happy feature of which had been seeing his father who had been exceedingly nice to him and had promised to keep in closer touch with him in future. The situation at home was pleasant, now that he had his own room, and everything was going well at school. He had not returned to any sex indul-

gences since "I have made up my mind that it was not good for me." He seemed glad to renew acquaintance with the psychiatrist, was thoroughly at ease and very pleasant in manner.

DISCUSSION

The case of Sidney Leighton is of unusual interest because of the problems and principles of treatment which find illustration in it.

Probably it will occur to almost every reader of this narrative to ask three questions: What was really responsible for Sidney's conduct disorders? What brought about his cure? And what would have happened to him if no such agency as the Bureau of Children's Guidance had taken up his case?

Clearly, these are tantalizing hypothetical questions to which no positive answers can be given! Discussion of their pros and cons may, however, throw light on the genesis and development of such situations as this boy's, the essential elements of which, variously combined, are by no means uncommon.

CAUSATIVE FACTORS

Whether, by this term "essential elements," we refer to the elements of misbehavior which called attention to Sidney's trouble, or to the causal elements which were found to underlie that misbehavior, the statement that such disorders are of frequent occurrence holds. Truancy is undoubtedly commoner among boys of inferior intelligence than among those of superior intelligence, but the experience of psychiatric clinics proves that such breakdowns as Sidney's, following exceptionally good records, are far from rare. Auto-erotic sex practises, though usually indulged in secret,

force themselves upon the attention of teachers as class room problems oftener than one would suppose possible. On the other hand, those who study children closely are aware that broken homes are responsible for an immense amount of mental conflict among them. The bad effect upon growing youngsters of late hours, interrupted sleep, and tea and coffee drinking are generally appreciated by progressive children's agencies and by intelligent parents, and there is common agreement, also, as to the undesirability of children's sleeping either together or with adults. That adolescence involves a powerful reinforcement of the sex instinct is, of course, universally recognized.

Nevertheless, common as are such conduct disorders and such causes of disorder, and trite as are the generalizations regarding them just made, the nature of the connection between causes and conduct is not so generally understood. Why, for example, should this boy's unhappiness over being forced to leave his father and his country home and to live in uncongenial city surroundings tend to express itself in truancy and excessive masturbation?

This tendency takes on a new meaning when one relates it to a principle recognized among psychiatrists. When the objective world becomes unpleasant, one of the methods of escape from the situation is by a running away from reality, another by regression, a turning back to a more childish level of thought and feeling in the effort to find greater satisfaction than the world of realities affords. Running away from school may thus represent, symbolically, an effort to escape from unpleasant surroundings at home, though more commonly and obviously it is a direct effort to escape from an uncongenial school life. Regression finds its extreme expression in the sexual excesses of certain of the insane, who have withdrawn so completely from the objective

world that masturbatory activities are their one absorbing interest.

It is not intended to suggest that such an effort to escape from unpleasant reality was the sole cause of Sidney's truancy and sex indulgence. The physician points out that no clear statement as to the origin of the boy's bad habits or the part they played in his life was ever obtained. This leaves open the possibility that various undiscovered influences may have contributed to the development of these habits and to the associated truancy.

One such possible though unproven influence has been sufficiently dwelt upon in the narrative. Apart from the general disadvantages for any child of having a bedfellow is the particular influence which sleeping with the mother may have upon an adolescent boy subject to the intense sex stirrings of that period. The stimulation of sex imaginings which enforced contacts under these conditions are likely to produce would naturally result in increased masturbatory activities.

CURATIVE FACTORS

Turning now to our second question, just what did the psychiatrist do which tended to bring about a cure?

Apart from the modification in the home setting, in the mother's attitude, in diet, and in recreational life brought about by the Bureau's intervention, all of which undoubtedly contributed largely to this boy's recovery, what the physician did for Sidney was, essentially, to help him objectify his problem and see its limits. An advantage of talking things out is that one is thus helped to get a perspective regarding a situation which has previously been held too close to admit of this. Definite and authoritative information regarding sex matters served to clear Sidney's mind of misconceptions on this subject, and to furnish a basis for

rational control. The suggestion of the physician that the unsatisfactory situation in which the boy found himself need not be regarded as necessarily permanent probably helped to relieve the strain under which he was living, and the appreciation expressed of his mother's capable management, to reassure him as to the esteem in which she was held. At all events, it seems clear from the outcome that the youngster succeeded in adopting the philosophy recommended to him, that of accepting and making the best of things as they were—a reconciliation with reality which set his mind free to follow his own normal interests.

A point worth noting in this connection is the part undoubtedly played by the boy's keen intelligence in bringing about this swift transformation. Both he and his mother grasped the problem and dealt with it deliberately on an intellectual basis as many patients and parents of patients show themselves to be incapable of doing.

POSSIBLE OUTCOMES

Our third question now calls for discussion: what, probably, would have been the outcome in Sidney's case if he had not fallen into the hands of the Bureau or some similar agency?

It should be recognized, first of all, that there is perhaps an even chance that this boy would have worked out a solution of his difficulties without professional aid. There are probably a great many more such maladjustments in childhood than ever come to light, either at the time or later, as causes of adult troubles. If we knew how the apparently spontaneous cures in such cases were brought about, the therapeutic efforts of psychiatry would be greatly strengthened.

However, it remains a fact that adult neurotics who come for treatment to psychiatrists in private practise frequently reveal under examination that their troubles originated in childish situations similar to Sidney's. They did not become neurotic suddenly; there was an early basis for their personality trend. These adults are usually well endowed mentally, but their intelligence has not enabled them to cure themselves; their unadjusted childhood troubles still dog their footsteps, hampering the free play of their personalities. This is true, too, of many teachers, parents, and others who, though not obviously neurotic, find it impossible to handle with success the difficulties of the children whose lives they seek to influence. They are prevented not by their adulthood, but by some unresolved problem of their own early years.

It is well known, also, that many adult criminals learned their first lessons in delinquency from bad associates met while playing truant. Frequently such learning is made easier by previous excessive indulgence in sex habits. The type of adults encountered by a vagrant boy in his wanderings are only too likely to be the thoroughly idle and vicious.

Whether Sidney Leighton, if left to himself, would have succeeded in solving his difficulties or would have continued in the unfortunate path upon which he had entered until he developed either some more serious form of misconduct or a neurosis, no one can pretend to say. The histories of neurotics and of delinquents alike prove, however, that his native ability would not have insured a happy outcome. Moreover, even if he had succeeded in working out his problem for himself, an immense amount of energy would have been wasted in the process. The prompt clearing up of this difficulty left the boy free to develop into as effective a human being as he was capable of becoming.

One other danger, inherent in the close mutual affection and dependence of Sidney and his mother, has been pointed out. Boys who come to be their mothers' sole help and comfort often prove, as they grow up, unable to free themselves from the bonds of affection, authority, or habit. Cramped and hampered by responsibilities and obligations which should have been their fathers', they may not succeed in developing either a normal work-life or a normal love-life. Such a mother-son relation sometimes becomes definitely pathological. Even when it does not, the sacrifice of youth to age which it involves is cruel and unjust. Psychiatric records reveal many such intimate tragedies.

EDUCATIONAL ISSUES

In as much as Sidney Leighton's difficulties first came to light in his school, it seems appropriate to say a word in closing as to the manner in which his problem had been handled there.

Whether it is wise to push forward an exceptionally bright boy of inferior physique is questionable. There is danger in dealing with any child upon the basis of intelligence alone, without taking into account the issues of health and of happiness, the personality as a whole and the background. On the other hand, the policy of demoting solely for disciplinary reasons, without consideration of home conditions, clearly stands condemned. Such punitive enterprises can hardly fail further to complicate difficult situations.

It is matter for concern, also, that a teacher's personal chagrin at a miscarriage of plans of her making should be permitted to play so decisive a role in determining a pupil's fate in a crisis. The fact gives one a rather alarming perception of the personal weaknesses and maladjustments which may exist in those who are attempting to regulate the lives

of the younger generation. It is clear that such a teacher needs a fuller understanding of her own personality and of the influence which her largely unconscious attitudes and behavior may exert upon children under her care. The feeling that vindication of one's own point of view is of first importance may come to be a dominating motive without one's realizing the fact. However, the worker who is able to cast a flood of new light upon an old problem will often find the much harassed teacher swift to abandon positions to which she seemed wedded. Sidney Leighton's teacher is a shining example of the speed with which irritated resentment may be transformed into cordial cooperation by better understanding of a situation.

A NOTE ON THE QUESTION OF INVESTIGATION

Readers of this narrative have doubtless been carrying certain questions in their minds since its early pages. For example, Why was the mother's account of things taken as the sole working basis? Should not the father have been consulted as well, perhaps also the married children and certain outsiders who had known the family as a whole?

Certainly there is room, in this case, for difference of opinion as to how far inquiry should have been pushed. There can be no question that, other things being equal, it is desirable to obtain light upon any difficult question from a number of angles—though the quality of the light is no less important than its quantity. But other things never are exactly equal; a source of information consulted is never just that, and the value of even the fullest knowledge can only be judged by the use made of it.

There will be general agreement that a first essential of successful treatment is the personal relationship established between the professional advisor and those who come to him for help. For this reason it is accepted as a working principle in the Bureau of Children's Guidance, as in many other agencies, that no sources of information outside the family shall be consulted without the knowledge and consent of the directly responsible adult dealt with. The only general exception to this rule is that, when inquiry of the Social Service Exchange reveals that the family is known to other social agencies, the experience of these agencies with it may be freely drawn upon.

In the case under discussion, however, Mrs. Leighton did not refuse her consent to consultation with her husband or others; she was not asked to give it. Why was no effort made to broaden the base of inquiry?

First of all there was the desire on the part of the clinic to build up good cooperative relations with the person who, for the time being at least, clearly controlled the destinies of the boy. The precise effect which consultation with others, or the suggestion of a desire to consult them, might have had upon these relations is a matter of speculation, as is usually true in complicated situations. Yet one can ordinarily judge whether the effect of a prospective consultation is likely to be helpful or harmful, and consideration of the point can hardly be left out of account in any case.

Purely mechanical difficulties also influenced the decision. When all relatives of a child save one, and all former connections of a family, live a day's journey away in another state, it becomes a question whether inquiry may safely be made through correspondence or may safely be intrusted to a go-between. Such a go-between would ordinarily have to be a person unknown to psychiatrist and social worker, and the nature of his mission would have to be explained by letter. In complex situations where delicate and unknown factors of family life are involved, the wisdom of seeking enlightenment by such means may well be open to doubt.

Another consideration tending to limit inquiry is bound up with the question: What action could have been taken by the Bureau if past history had yielded evidence that cast doubt upon the mother's fitness to act as guardian of her son? We are dealing with a couple in independent circumstances, accustomed to making their own plans, who have chosen to separate and have agreed that the mother shall have custody of the boy. The boy himself, though keenly regretting the separation from his father, will not consider leaving his mother. What, in the face of this unanimous family attitude, could an outside agency do if it should differ as to the wisdom of the decision? It is difficult to see—unless, indeed, conditions in the present home were clearly shown to be so harmful to the child as to call for legal action. The probability seems slight that evidence would have come to light so conclusive as to justify a health agency in abandoning its therapeutic endeavors and turning the case over to an S. P. C. C.

A fourth point of special importance as bearing upon the question of investigation in this case is the effect which reports from the home town regarding the inquiry made there would be likely to have, not merely upon the mother and upon future cooperation between her and the Bureau, but upon the boy, whose extreme sensitiveness regarding his mother's situation has already been noted. From the psychiatric standpoint there are few things more fundamental, in dealing with a child,

than to do nothing which may shake his faith in his parents. Action which would seem to this boy to impugn his mother's reputation would be likely to do more harm than all the efforts of the Bureau could counterbalance.

The one general principle which emerges from the above discussion is that inquiry is to be regarded solely as a means to an end, to be made or left unmade as seems wisest in view of all the known circumstances.

III

KENNETH

THERE was nothing in the external aspect of Kenneth McGregor likely to arouse in the casual observer a suspicion that deep and baffling problems lay beneath the surface. A well-set-up youngster of thirteen, endowed by nature with the ever-alluring combination of red hair and freckles, and overflowing with vitality and mischief, his charm was felt even by the adults, like his teacher, whose lives he rendered a burden to them.

Viewed superficially, Kenneth's chief trouble seemed to be that he was too good a mixer. It is so much easier and more delightful to shine in a circle of one's peers than to bone down to meaningless tasks set by uncomprehending elders. Kenneth was a good sport and possessed talents as a comedian which he thoroughly enjoyed displaying, even where, as in the classroom, the exploiting of other gifts would have been more to the point. His lively temper, always aroused by gibes at the color of his hair or other like insults, led to frequent fights which in no way diminished his popularity; his readiness to enter into the plans of comrades involved him in most of the adventurous projects devised by the boys of his neighborhood.

Unfortunately the gang which haunted the vacant lots around the corner where Kenneth lived had developed a taste for adventures that could not be expected to win the approval of their elders. Soon after the McGregors had moved into their present apartment Kenneth had been involved with a crowd of boys in the robbing of a grocery store and had been put on probation. During the two years that had elapsed since then he had been constantly in and out of trouble, though he had not been forced to appear in court again. Recently detectives had visited the home to

inquire into his connection with another gang robbery, and though their suspicions had been dispelled his mother had been greatly alarmed.

It was at this point, when long-standing anxieties had been rendered acute by the threat of immediate arrest, that Mrs. McGregor was offered the opportunity to have her boy studied at the Bureau. The leader of a certain boys' club, who knew Kenneth well and had acquired a degree of influence over him, suggested that such a study might prove helpful, and she eagerly caught at the hope held out.

HIS MOTHER'S FEARS AND WHAT LAY BACK OF THEM

It soon became evident to the social worker who talked with Mrs. McGregor that the mother's anxiety about Kenneth was more deeply grounded than any mere concern regarding companionship or environment. The boy resembled his father, and the fear that he would grow up to be like his father and his father's family haunted her and assumed more terrifying proportions with each fresh escapade in which he became involved.

An appreciation of the problem Kenneth represented to his mother can only be gained by reviewing the family history from her point of view—the sole point of view attainable, as her husband had long since disappeared from the domestic horizon.

Mrs. McGregor's early home life had apparently been peaceful and happy. Her father had come to this country in early life from the North of Ireland and had been quite successful in business. Though he had received almost no schooling and could hardly more than write his own name he was intelligent and had educated himself by reading. Mrs. McGregor's mother, an American by birth, had been a

competent business woman. The three children of this marriage were brought up in New York City, and according to Mrs. McGregor were always very fond of school. She herself never had any difficulties as a pupil, graduated from the grammar grades at fourteen, and went to work.

It was while she was working, and was still very young and ignorant of the ways of the world, that she met Mr. McGregor. That he was possessed of charm may be surmised from the alleged resemblance between him and his engaging young son. Of his early history his wife knew little. She did know that he had trouble in school and left as soon as he was able, that he wrote poorly and was generally uneducated. Nevertheless she married him when she was eighteen, against the wishes of her parents. Very soon she found out her mistake, for her husband began to drink and to abuse her. His father, brothers and sisters she discovered were likewise hard drinkers; only his mother, who had died some years before, had apparently been free from this vice.

The young wife could thus look for no help in combatting her husband's weaknesses from his side of the house; and naturally, remembering how she had disregarded her parents' advice, she was loath to acknowledge her mistake to them. However, before her younger son was a year old she had reached the limit of her endurance. Her husband's occasional sprees had merged into almost continuous drunkenness, the babies were knocked about with utter brutality, and the thought of bringing more children into the world to be so misused had become unendurable. Accordingly Mrs. McGregor took her two little boys home to her parents and brought suit against her husband for non-support.

There followed some years of struggle to free herself and to work out a tolerable scheme of life. Mr. McGregor did not pay the sums ordered by the court. He succeeded at one

time in taking the children from his wife. She recovered them, and he was given six months in jail. Abandoning the attempt to force support, she moved to avoid him. He pursued her and drove her into moving again, and yet again. She did not obtain a divorce, but finally succeeded in eluding him and had now for some five years been in ignorance of his whereabouts.

A RECONSTRUCTED HOME

Having thus had the courage to break with her unsatisfactory past, Mrs. McGregor had bravely assumed the joint rôles of father and mother. She had worked hard, and at the time when Kenneth's affairs were at the critical point described, was in charge of a group of saleswomen in a local department store earning $20 a week. She was an attractive young woman of good intelligence, devoted to her two boys.

Since her mother's death she had kept house for her father. Business reverses had reduced Mr. Andrews from the status of employer to that of employee. He was now a rather fine-looking old man of over seventy, dignified and self-respecting. Usually he was able to pay his daughter ten dollars a week; in times of illness his eldest son came to his aid. This son was in business for himself and aided the family regularly with certain supplies. The two boys also did their part. Kenneth had recently been helping his older brother with a newspaper route, and together they were making about $24 a month. The household appeared to be a united one in which each member did his share and was held to the others by genuine affection.

The family of four, augmented at times by the presence of Mrs. McGregor's younger brother who was a traveling salesman, occupied an apartment of five rooms and bath for which they paid $25 a month. The house was well furnished,

well kept, and homelike, with a piano and a victrola which like most of the other belongings came from the Andrews family home.

The neighborhood was unfortunately a bad one, but since this fact brought the rent within Mrs. McGregor's reach she did not feel that she could move, much as she desired to get Kenneth away from the objectionable gang which had been leading him into trouble.

THE TWO BROTHERS

Though less than two years Kenneth's senior, Walter McGregor seemed to be very much the elder brother of the parable—reliable, well behaved, choosing his friends discreetly and never getting into trouble. He was retarded in school, but this might in part be accounted for by frequent changes in district as his mother had moved to avoid his father. Mrs. McGregor felt that Walter resembled her side of the house as definitely as Kenneth did her husband's.

Yet with all her anxiety over that fatal resemblance of her younger son to his worthless father, Mrs. McGregor was not lacking in appreciation of the boy's virtues. He was affectionate and generous. Though somewhat less dependable than Walter in the household tasks assigned to him, he was genuinely helpful. He had always been rather the pet of the household. He was not a disciplinary problem in the home. When corrected he was ready to acknowledge his faults, and unlike his brother, never held a grudge. He realized that the crowd he played with was a bad one and wished to keep out of trouble, but the good intentions which he expressed at home seemed to be forgotten as soon as he fell in with youngsters of his own age.

It was when she reflected upon the state of her husband during the months preceding the birth of her two boys that

Mrs. McGregor became most depressed. For Walter, the steady and reliable, had been conceived and born under tolerably favorable conditions; Mr. McGregor had indeed begun to indulge in alcoholic sprees during the last few months before the boy's birth, but they had been occasional only. Poor little Kenneth, on the other hand, she felt had never had half a chance, for from beginning to end of this second pregnancy the father's life had been an almost continuous debauch. She feared that the child had been born with fatal flaws in his make-up which could never be eliminated.

HEALTH AND SCHOOL RECORD

In point of early influences the two boys were more nearly on a par. Both births had been instrumental, and during the first year or two of life the children had been subject to the same malign paternal influence. When Kenneth was eight months old his father struck him over the head with a beer mug. He did not suffer from any serious illnesses as a small child, and apparently did not show any marked retardation in development: at all events, he walked at nine months; his mother could not remember when he began to talk. He had been treated for some nose trouble resulting from a fall, and his adenoids and tonsils had been removed a year before he came to the clinic. His eyes had been examined, but as the defect found was a slight one his mother did not attempt to make him wear glasses.

The one outstanding physical difficulty which Kenneth suffered from was enuresis. In spite of his thirteen years he still wet the bed occasionally. He slept alone on a cot in a room by himself, so that the irritations resulting from this weakness were reduced to a minimum.

There was nothing in Kenneth's school record which would

tend to allay the fears which his mother entertained regarding him. The boy had indeed suffered from at least one serious disadvantage not due to heredity or early environment. In the seven years of his school life he had attended five different schools. But while frequent changes might account for some of his earlier repetitions of grades they could not explain those of the last two years. In brief, Kenneth had repeated 1A, 2B, 3A, 3B, and 4A, and was now repeating 4B. According to his teacher he was quite capable of doing the work of this grade or even of a higher one, but he would not apply himself. His written work was particularly bad, almost illegible, in fact. He seemed to make no effort at all. Though she kept him after school till five o'clock and made him rewrite his exercises ten times, he did them no better than at first.

Scholastic failure made up, however, rather less than half of the tale of Kenneth's school troubles. Until the fall of 1920, he had, with one exception, received B in conduct, but since then his conduct had been marked uniformly C. Miss Sanders, his present teacher, asserted that he had never been kept back for misbehavior alone, that constant C's in work had been sufficient to prevent his promotion. Yet in the next breath she stated that he had been put back for disciplinary reasons twice within the past year.

This teacher was in a particularly good position to estimate Kenneth's behavior difficulties, as he had been in her class before in a lower grade. His main trouble, as she saw it, was that he associated with a very bad crowd of boys and was easily led by them. His one desire seemed to be to keep the other boys amused and he would do almost anything to accomplish this. He took special pleasure in writing funny notes and circulating them in the class room. She felt that it would be impossible for the child to adjust himself in his

present school setting. He had established a reputation and would never be able to turn around and go the other way, the boys would make so much fun of him.

More serious in its implications than this reputation for fun-provoking misbehavior was the reputation that Kenneth had acquired in school as a liar and petty thief. Miss Sanders stated that he constantly helped himself to pads and pencils that he found lying about the room, and then vigorously denied having done so; and that he lied so well that he could almost make a person who knew he was not telling the truth believe him. She told of one occasion when she saw him take a ruler and sent him to the office. The principal, after questioning Kenneth, turned to her and asked, "Are you really sure he took it?"—so convincing had been the boy's story.

Kenneth had also, in the past, given considerable trouble to the school by playing truant. Usually he had done this in company with a crowd of highly objectionable older boys who were conspicuously below grade in school. Recently he had been influenced to more regular attendance by his club leader. His teacher stated that he did not seem to mind coming to school, probably because he had so much fun with his crowd while there. It is noteworthy that while Miss Sanders frankly stated that Kenneth was the most exasperating boy in her class she added that he was very attractive. She seemed to have a good grasp of his problem, though she was not able to cope with him.

COURT EXPERIENCES

Kenneth's behavior record outside school was touched upon at the beginning of this story. At eight he had been haled to court with two embryo law-breakers of his own age, for ringing a fire alarm. At ten and a half he had again been arrested, this time for participation in a grocery

store robbery in his present neighborhood, and had been paroled in the care of a Big Brother. Since that time, though he had been involved in plenty of minor escapades, he had not again been in court. His recent narrow escape from arrest in connection with another gang robbery had however shown how near he still might be to the danger line.

SOCIAL ASSETS

Compared with the situations of many other boys who hover in similar fashion on the brink of delinquent careers, the circumstances which surrounded Kenneth McGregor were in some ways rather conspicuously favorable. He had, indeed, missed the influence of the right type of father, and this was a serious lack. However, he had at least been spared the influence of a father of the wrong type. His mother's absence at work had doubtless left him more freedom than was good for him, but his home was nevertheless a real one, with affection, understanding, and fairly intelligent attempts at control—a home whose hold upon its younger members may be measured by their cheerful coöperation in its service, and by the fact that they rarely sought entertainment outside its doors in the evening. The influence of the Big Brothers, and that of the family's church, had been definitely helpful factors. For three successive summers Kenneth had enjoyed the advantages of camp life, and during the last two, in a camp presided over by the club leader already mentioned, had made a decidedly good record. The personal influence of this young man was felt by the boy's mother to be the strongest force for good in his life at this time.

AN ALARMING DIAGNOSIS

One item not yet mentioned had probably contributed not a little to the tension of anxiety felt by Kenneth Mc-

Gregor's friends regarding his future. A year and a half before the boy became known to the Bureau he had been taken for study, through the interest of the Big Brothers, to a certain psychiatric clinic. There he had been found to have a mental age of 10 years and 10 months, as compared with his actual age of 11 years and 6 months, and had been diagnosed as a "moral imbecile, emotionally unstable." In the view of the Big Brothers and of his club leader, this diagnosis was essentially unfair. How far the mother's account of her husband's weak disposition and vicious tendencies and her fear that the boy had inherited them may have influenced the psychiatrist who made it, can only be surmised.

However unjust this hard and fast definition of the boy's problem, it remains a fact that those who knew Kenneth best, his mother and teacher especially, felt that his greatest danger lay in his impulsive, irresponsible nature, his apparent inability to recognize and follow the right path. Whether these traits might prove mere passing phases of boyish instability or might be indicative of inherent defects in original constitution was an open question.

Such was the sum of knowledge of Kenneth McGregor's situation possessed by the staff of the Bureau when the boy was first brought there for study.

PHYSICAL FINDINGS

The physical examination of Kenneth at the Bureau bore out the popular impression of him as a vigorous average boy, but at the same time revealed certain weaknesses not discernible by the lay observer. He was up to the standard for his age in height and weight. Both his bony structure and his general muscular organization were moderately well developed, he had a well shaped head, a well formed chest, and

an erect posture. His heart, lungs, and abdominal organs were sound. His nervous system was normal, except for a slight tendency to myopia in vision. In addition to this trace of nearsightedness, there were, as has been intimated, certain other unfavorable findings. The boy's sex organs, despite his thirteen years, were infantile in type, and there were no evidences of secondary sexual changes. Certain other signs, among them his pink and white complexion and scanty hair, suggested an undue prolongation of infantile traits through the persistence of the thymus, a gland which functions in early childhood but normally diminishes in size and activity with the years. Most significant of all, perhaps, was the continuance of enuresis. Altogether, despite his good general growth and vigor, it could hardly be said that Kenneth was developing normally.

MENTAL EQUIPMENT

The results of the psychological examination are easier to interpret than those of the physical. They revealed in Kenneth a general inferiority of intelligence which ranked him as a definitely dull child, with a mental age of 10 years 7 months and an intelligence quotient of 81. On educational tests he did especially badly, showing a decided distaste for school subjects; indeed, he was clearly bored by all the tests except those requiring manual manipulation. It appeared that, despite his many repetitions, he was correctly placed in 4B, his present grade.

Very different, however, were the findings on the supplementary tests designed to bring out mechanical ability. These tests he seemed thoroughly to enjoy. On one of them he made only an 11-year score, but on two others he made 13-year and 14-year scores, while on still another he made a record surpassed by only five per cent of boys of his age.

He was clearly weak in auditory learning powers, but he showed a decided ability in visualizing and in perception of space relations. It was thus evident that he had definite ability along mechanical lines which was not being utilized or cultivated in his present school setting.

It is interesting to note that this vigorous active boy tired rapidly when oral intellectual effort was required of him, was easily distracted, and found it difficult to concentrate. He was disposed to give up a task before it was completed and sometimes answered "I don't know" without even trying. To ease the strain for him, the examination was divided into two sittings.

SELF-REVELATIONS

In his initial contact with the psychiatrist the boy evidently made an effort to be friendly, yet, especially at the beginning, showed himself tense and ill at ease. During the first part of the interview he sat on the edge of his chair, fiddling with his hands in a nervous manner, and occasionally struggling to keep back his tears by a forced scowl.

The conversation centered naturally around the three main topics of school, home life, and gang activities. From the boy's account the examiner gained the impression that his school setting was the outstanding irritant in his life at this time. He had no complaints of special injustice, indeed when asked if he thought his treatment fair answered "Yes, I think they are fair to me—they don't treat me any different from the other boys." He said that he disliked his teacher and she him, but he did not attribute his failure to be promoted to any other cause than his poor work. Spelling and writing were, according to him, his weakest points. He admitted freely that he gave a good deal of trouble in the classroom. He showed sensitiveness both in regard to his

scholastic failures and in connection with his clashes with principal and teachers, becoming at times quite emotionally over-wrought as he told about his experiences. At the same time it was evident that these very clashes with authority had served to establish his reputation as a good sport with the other boys and that he got a good deal of compensatory satisfaction out of his resulting popularity.

In the discussion of Kenneth's school problem a fact of some significance in explaining his difficulties came to light for the first time. The boy was left-handed, but from the beginning of his school life had been compelled to use his right hand. This forced transfer had evidently upset him, for he said, "When they made me use my right hand I couldn't write well, and when the teacher wasn't looking I would use my left hand." There appeared to be good ground for connecting the fact of the boy's very bad hand-writing, which at times made it almost impossible to correct his papers, with this interference with his natural habits of work, especially as the psychological tests had already shown him to have more than average skill in manual manipulation when left free to act spontaneously. How far this source of irritation had contributed to his general school maladjustment could not de determined precisely, but there was reason to suspect that it had been an important factor.

Still another element, probably of minor significance, had recently increased Kenneth's dissatisfaction with the school situation. The year before he had been in the same grade with his brother, but at the last promotion had been left behind by him. To be sure, the fact of a year's difference in age would seem sufficient to explain Walter's better school standing, and Kenneth was not willing to admit that he felt sensitive on the point. He said, however, "I think maybe he is smarter, because he can get ahead of me at school.

Now that I got put back I can never catch up with him. I wish I could. I'd like to get away to another school." There was, in fact, only one way out of his difficulties which appealed to Kenneth: transfer to another school and a fresh start. He said, "I had rather go to a trade school. I want to be a mechanic, and there you can do some work." He knew that shop work was not given in the public schools below the 6th grade, and realized that at the present rate, it would be some time before he could achieve 6th grade standing. However, a faint hope had been held out to him: the principal, he said, had told him that if he could get away to another school he might get into 7A. How this miracle was to be performed was not clear. When asked if he was anxious to attain this grade in order that he might obtain working papers, he replied, "No, I want to graduate because I think when you graduate from school you can get a job more easy." Evidently he was accepting his mother's point of view in this matter. "She says I might as well get it into my head that if I am 50 years old she is going to make me graduate. But I would like to get into trade school."

This desire to escape and make a fresh start found expression also in the discussion of the gang situation. He talked freely of the various difficulties in which he had been involved, admitting his share in the robbery that had landed him in the children's court two years before. Apparently he had accepted his probation without much irritation; indeed, in speaking of his weekly visits to the probation officer he said, "I liked to go to see her because she always gave me a book every week—a book like 'Twenty Thousand Leagues Under the Sea.' I went down to see her about four months ago just to tell her I was getting on all right." He expressed the feeling that he was blamed for everything that happened around the neighborhood whether he was actually

involved or not, telling of the recent visit of the detectives who suspected him of complicity in a robbery for which some of the other boys had to go to court. He added with satisfaction, "I didn't have to go because I didn't have anything to do with it, and I am glad." He showed not a little uneasiness and anxiety about the whole situation, saying again in this connection, "I would like to get to a school away—I don't like it round my block."

When questioned regarding possible bad habits Kenneth admitted having learned of sex practices some years before and having indulged in masturbation rather frequently up to within a few months, when he had been influenced by his club leader to give up the habit. The boys with whom he now associated, he said, did not discuss such matters, and he felt little urge to resume his former practices. He had also given up smoking as the result of advice from the same source.

The account of home conditions and relations given by Kenneth fully confirmed the impression received by the social worker from her contacts with Mrs. McGregor. The family was evidently a cohesive little group in which the mother held the boys through her affection for them and her attempt to understand them. The grandfather's presence in the home was apparently accepted as part of the established order. Kenneth told freely of the work he and his brother did to help the mother—washing dishes, peeling potatoes, chopping wood, bringing up coal, helping get supper—and showed none of the distaste for certain of these tasks which one might expect in a lively boy of his age. He expressed affection for his brother, while admitting ruefully that "Walter never gets into any trouble, and I am always in a mess." Evidently he found some consolation in the fact that he was the bigger and stronger of the pair, and, he believed, better able to stand up in a fight than his brother—though

he conceded that he really couldn't prove this last point, as Walter never got into quarrels with the other fellows. Neither boy, it appeared, felt any desire to go out in the evening. They stayed at home after supper, either doing their home work or playing. Kenneth was especially fond of making things with his erector set.

When asked concerning his father Kenneth answered frankly that he remembered very little about him, as he had been only a baby when the family break-up occurred. Apparently his last glimpse of this parent had been some six years before when he and Walter had gone down to see Mr. McGregor at the place where he was working and had received a pair of shoes and ten cents apiece.

Kenneth took evident satisfaction in the work he had been doing the last two months, distributing newspapers with his brother, and was proud of the new suit of clothes he had bought out of his earnings. He was anxious to obtain a news route for himself, and said his mother was going to speak to the editor about this. He showed a definite desire to accept responsibility and impressed the examiner with his eagerness to relieve his mother in this way. He said also, "When I do this I don't get mixed up with the other fellows, so I like it better."

FURTHER INSIGHTS

Workers accustomed to handle small boys will hardly be surprised to learn that after this interview with Kenneth McGregor the psychiatrist felt strongly that, in spite of his bad hereditary background, the boy possessed many qualities which should prove assets in an effort to do constructive work with him.

In a long talk between Mrs. McGregor and the psychiatrist which took place at the clinic a few days later,

further insights were obtained which to a degree strengthened this hopeful impression. These insights were the more valuable in that they came from a mother who was clearly not of the weakly doting type. That Mrs. McGregor was wholeheartedly devoted to her two boys no observer could doubt, but she saw them with an objectivity, a detachment, not always to be found even among highly intelligent parents. Her one great handicap was the almost obsessive fear which possessed her because of her younger son's resemblance to his father.

The phase of this resemblance which she especially emphasized in the conversation with the psychiatrist was the extreme unreliability of both parent and child in the matter of truth-telling. Kenneth, she said, began to lie at the age of six, and was just like his father, who "would look you square in the eye and tell you things which were not true." "Lately," she added, "I have been talking to Kenneth about this, and telling him how worried I was." She felt that, in general, the boy's great trouble was that he was easily led; she did not believe he had ever done a wrong-hearted thing or intended any harm. While she had never worried much about him up to the time of his arrest for stealing, she had hardly left the house during these past two years without the fear that some conflict with the law might occur during her absence.

High on the list of her son's good qualities was the concern he showed over having caused her so much anxiety, and his apparently sincere desire to do better. "He talked with me yesterday afternoon," she reported, "and said, 'If you could get me into another school, mother, where I can get along better, and get me a news route, I know that things would be all right.' " He was a generous youngster too; that morning he had offered to give her $6 a month out of his

earnings because he had learned that the other boys who delivered papers gave their mothers this sum. He was genuinely helpful about the house, never made any trouble at home, and when corrected or punished showed an especially sweet spirit. "When I see other boys in the homes of my friends, and the way they talk to their mothers, I think that I can't see very many bad traits in my boys," said Mrs. McGregor. She was inclined to think Kenneth much more sensitive than Walter: "I can hurt his feelings very easily. When I get in a temper and strike him, even though he cries and seems much hurt he will cheer up in about ten minutes and come and ask my forgiveness and give me a hug. This is so different from Walter, who goes into a grouch and will go off for an hour or two and not speak to me."

Another point of much importance was Kenneth's absolute honesty in money transactions at home. He never failed to bring back the correct change after doing an errand, and if he wanted any money, even so little as a penny, would always ask her for it. In these matters he was as reliable as Walter, though on most points it was evident that the mother was disposed to compare the two boys very much to the advantage of the older one.

On account of her long-standing anxiety, rendered acute by the recent threat of arrest, Mrs. McGregor had conceived the wish that Kenneth might be lifted out of his dangerous environment and placed either in a boarding school at a distance or in a favorable country setting. She had heard good reports of a certain private farm-school, and on the other hand had a half-formed plan in mind for placement of the boy with someone known to her who lived in a small Connecticut town. When the question of a possible move from the present locality was brought up by the psychiatrist she was entirely ready to discuss it, but stated that much as

she would like to surround the children with better influences she doubted whether it would be possible to find rooms that she could afford, with as good light and air as her present ones, in a desirable neighborhood.

Mrs. McGregor showed an eager desire to coöperate with the clinic in any measures for the benefit of her boy. She expressed warm appreciation of what the club leader had done for him and was thankful to be able to look forward to another summer of camping experience under the same helpful influence. It was evident that she used more than average tact and good sense in managing her children. The organization of her household on a coöperative basis, with the boys as regular helpers, speaks for itself, as does the fact that since the age of ten the youngsters had bathed themselves, with only an occasional supplementary neck-ear scrub from her. She occupied a room alone, and it was evident that the family life was on a thoroughly wholesome basis, with every encouragement given for the development of independence and a sense of responsibility in the younger members. The mother realized that Kenneth needed to take more interest in his school studies, and had devised a plan for signing his homework papers every day which she thought had brought about some improvement.

As already noted, however, Mrs. McGregor was making one serious mistake. The policy of pointing out to a child his likeness to a reprehensible parent, of dwelling on a possible unfavorable heredity, is emphatically condemned by modern psychology. Nothing is more likely to induce the evil which one is seeking to avert than such a practice. Once the fear is implanted in a child that he may be the victim of mysterious hereditary forces beyond his control, the battle is half lost. While there was no evidence that this fear had yet taken root in Kenneth, it is clear that his mother's recent

talks with him about the way he was following in his father's footsteps carried a threat of danger. The habit of emphasizing one child's superiorities to another who is not doing so well is also a very unwise procedure. Bitter jealousies and exaggerated feelings of inferiority are often thus engendered which prove serious handicaps to normal development. Here again Mrs. McGregor seemed to be falling into a common error.

PLANNING AHEAD

The essential facts of Kenneth McGregor's situation seemed now to be fairly well in hand, and plans for treatment were accordingly drawn up in a Bureau staff meeting. In view of the wholesome home influences it was felt that a radical uprooting of the boy was hardly necessary. The mother's inclination to the boarding school or country home solution need not be combated, but the social worker should offer her help in adjusting the boy's difficulties in his present setting. A school where he could make a fresh start under favorable conditions should be found and his transfer to it arranged. The mother's efforts to obtain an independent news route for Kenneth should be encouraged, both because such employment would tend to keep him out of mischief and because it would give him a chance to experience the thrill of achievement—something that every child needs and that this youngster, with his inferior mental equipment, had never got out of school. Some scheme for better leisure time activities should if possible be evolved. The mother should be led to appreciate the harm she might do her boy by dwelling upon his likeness to his father and upon the father's faults. His school principal and teachers, on the other hand, should be helped to an understanding of Kenneth's very real handicaps, and every effort should be made to adjust boy and

school to one another and to reconcile their conflicting views.

Already, in view of the boy's unsatisfactory physical condition as evidenced by enuresis and other signs, the physician had prescribed a glandular treatment which it was hoped might correct this babyish weakness and promote sound development.

DARKER POSSIBILITIES

In all that has been said emphasis has been laid upon the hopeful aspects of Kenneth McGregor's case. This does not mean, however, that the physicians who directed the Bureau were filled with blind optimism regarding the boy, or that they failed to take account of the very serious aspects of his case. At the staff meeting in which the plan of treatment just summarized was worked out, full consideration was given to these darker possibilities. It was felt that the diagnosis of "moral imbecile" previously given was not justified—in fact that there probably is no such thing, and that the application of the term to a child is not only ridiculous but may do untold harm. At the same time it was recognized that the combination of deferred pubertal development, inferior mentality, enuresis, visual defect and other peculiarities in the boy's make-up, taken with his behavior tendencies, was suggestive of an inherent weakness, and that the paternal history of chronic alcoholism for two generations might well point to something inferior in his physical inheritance—to what, in short, is known as a "constitutional inferiority."

What such a condition, if it existed, might mean in terms of the boy's future could not, however, be stated with any certainty. If every one connected with him were to abandon hope and leave him to his own devices the end might perhaps be predicted with some degree of certainty; but what the

outcome might be if thorough-going intelligent effort were brought to bear on his problem could not be so readily foreseen, for the simple reason that no real treatment has ever been carried out with the constitutionally inferior as a class. A clinic organized for the express purpose of dealing with difficult children clearly had an opportunity here to do a piece of work with one of a much neglected and little understood group. The possibilities which glandular therapy might hold in such a case were worth trying out. In a field so ill explored, however, it was felt to be impossible to trust exclusively to any one clue for guidance; no measure that seemed to promise help could safely be neglected when a child's future was at stake. The possibility that there might be unalterable factors which would render every effort vain, while fully recognized, was therefore set aside, as, for the time being, irrelevant to the task at hand.

THE RECORD OF A YEAR

Since the initial study of Kenneth McGregor was made and the foregoing plan of treatment launched, somewhat over a year has elapsed. During this period the psychiatrist has seen the boy at the Bureau more than a dozen times, and upwards of thirty visits have been made in his interest by the social worker, chiefly to the home and the school, or other possible schools.

What have been the significant steps in the effort to adjust this boy, what the outstanding stages in the history of his year? To what extent have his problems been solved? What lessons may be drawn from the record of experiences with him?

Before we attempt an analysis of the details from which alone the full answers to these questions can emerge, some

hint as to the general trend of affairs may be given. The record of Kenneth's year is one of ups and downs—not of swift adjustment, as in the case of Sidney Leighton, nor of steady progress as in that of Mildred Martin. Is there a fundamental reason for this difference, back of all the accidental elements which confuse the issue, or do accidental elements, or more broadly speaking external influences, sufficiently explain it? The reader who will bear this question in mind as he follows the course of the narrative will find in it more meaning than meets the casual eye. Whether, at the end, he will be able to make a clear-cut answer, is another question. For nothing is more obvious than that the end of this present story is not the end of the story of Kenneth McGregor.

A FAIRLY ENCOURAGING START

Kenneth's second visit to the Bureau was marked by several hopeful signs. He appeared much relieved and in a very happy frame of mind, acknowledged the necessity for home work despite his dislike for it, and talked with enthusiasm about his paper work, and the possibility of soon getting a route of his own. It appeared that as soon as school was dismissed in the afternoon he went with his brother to the newspaper office and played ball with the other boys assembled there until the papers were received. These boys he described as a very fine lot, "almost all high school and college chaps." He was taken into their games and felt no temptation at all to get into trouble. He said to the psychiatrist, "I am going to do as you suggest—I have made up my mind that I am not going to run with those fellows any more. I had rather keep out of trouble."

In this interview the boy talked more at length than before of his distress over his continued bed-wetting, and of

the measures taken, as cutting out tea-drinking and getting up in the night, to avert mishaps. He was quite ready to accept the suggestion that the medicine already prescribed would help him.

Kenneth also expressed interest in joining some club, and talked with much satisfaction of his experience in winning a medal in a swimming contest at camp.

One of the first moves of the social worker, suggested by the psychiatrist after this conversation, was an attempt to tie Kenneth up more definitely with the club already mentioned. An appointment with its leader was made for the boy, but was not kept by him, nor did he later take advantage of an opportunity to use a work-bench which had been added to the equipment of the club. Two very good reasons for this seeming indifference were the fact that the club was several miles from his home and could only be reached by a long car ride, and the fact that Kenneth really had very little time for social activities.

The one serious aspect of this failure of Kenneth's to keep the appointment with his club leader was that he told his mother he had done so. This experience with the boy's untruthfulness was quickly followed by another somewhat similar in character. He did not keep his third appointment with the psychiatrist, and when the visitor called to learn why, she found that he had told his mother a rather elaborate falsehood about going to the office for a second X-ray. (One such X-ray examination had already been made as part of the preliminary study.) When asked by his mother to account for this tale he appeared very much embarrassed and ill at ease, and without looking her in the eye explained that he had got as far as the door of the Bureau but hadn't wanted to go in, so had gone over to the X-ray office, whence he had been sent home, as he was not wanted. Mrs. Mc-

Gregor was not at all sure that she had got at the truth in the matter, rather suspecting that the youngster had pocketed the 10 cents she had given him for carfare and had played hookey. This point was never cleared up. At his next visit to the psychiatrist the boy appeared shamefaced over his previous dereliction, offering the excuse that he hadn't wanted to come because there were so many people sitting around the office. A shifting of future appointments from an afternoon to a less crowded morning hour served to remove this difficulty.

Another suggestion of the psychiatrist led the social worker to talk with Kenneth's mother about the possibility of arranging for the boy's use of the Y. M. C. A. swimming pool. Mrs. McGregor, however, said that Kenneth had already refused a card granting this privilege for the rather surprising reason that there were too many Jews there.

While efforts for enlarged recreational opportunities thus came to naught, there was no back-sliding on Kenneth's part into objectionable companionship. Even during the Christmas vacation he proved able to occupy his leisure in a perfectly wholesome way. Building a cart in which to transport his papers absorbed a good many spare hours, sliding and skating in a nearby park provided for many others. The holidays, dreaded by his mother, passed without mischance of any sort.

We are, however, anticipating. The great event of December, from Kenneth's point of view, was the obtaining of his own newspaper route. This meant afternoon deliveries on every week-day and on Sunday mornings, and a Saturday morning devoted to collections. The young business man entered upon his duties with the utmost enthusiasm, determined to surpass his brother's achievements at every point. He met with certain annoyances, as when some youthful

bandits on a certain street raided his cart while he was making a delivery, but these only served to give him further exercise in his favorite art of fighting. Altogether the boy's entire personality appeared to be called into play by this work as it had never been in school, and his pride and pleasure in the new undertaking were engagingly evident.

The mention of school brings us back again to what has proved by all odds the most difficult problem of Kenneth's year.

Within a month from the beginning of treatment the possibilities of transfer to six different schools had been canvassed by the social worker to determine whether opportunities existed in any of them which might meet the boy's special problem. Visits had been paid to five school principals and to the head of the bureau of vocational activities of the public schools. There proved to be no chance for any such adaptation to this boy's needs as a manual training or trade course would offer, nor was it possible to meet Kenneth's own wishes, as the school he had set his hopes on was to be transformed into a Junior High and would receive no boys below the 6th grade. Finally, after much debate, a school was selected which, while it offered no very striking advantages over the present one, at least ensured the boy a fresh start at a distance from his old crowd and among teachers who were free from prejudice against him. It was, however, thought best to wait until after Christmas before making the actual move. This postponement was made with the hope that Kenneth's work would improve sufficiently to justify his promotion.

The principal of the boy's present school had naturally been one of those consulted about the proposed transfer. It had been necessary to convince him that Kenneth really wanted to do better, but once persuaded that this was so he

proved entirely coöperative. Kenneth's teacher too showed a reasonable attitude toward the boy. Though early in December she informed the visitor that he was doing worse than ever, she was equally emphatic in saying, a week later, that he had greatly improved in both attitude and work. This happy change appeared to be largely due to two causes. Miss Sanders had accepted the suggestion that the boy was being placed at a grave disadvantage by being required to use his right hand in writing when he was completely left-handed in everything else he did; and Mrs. McGregor's active help had been enlisted for her son in his homework, with special emphasis on writing drill with the left hand. A third factor in the situation may have been the boy's own anxiety, newly aroused, lest he should not be able to meet his business responsibilities by keeping a legible account book. At all events, the exercises which Kenneth proudly exhibited to the worker on this second school visit of hers showed an improvement which she regarded as "remarkable."

It was at this time that Miss Sanders, in the visitor's presence, held out to Kenneth the hope that if he would work hard from then until Christmas she would recommend that he be moved into grade 5A for the remainder of the term. The boy was much pleased and promised to do his best.

AN UNEXPLAINED SET-BACK

Just what happened to bring these good resolutions to naught is not clear. The day after school reopened Kenneth announced to the psychiatrist with great satisfaction, "I passed my exams and so that means that I can be promoted." The next day the social worker, visiting the school to see whether the transfer had been made, was informed by Miss Sanders that in the tests Kenneth referred to he had failed

completely in everything except arithmetic, where his oral work brought up his written to the passing point. It should be stated that no announcement had been made to the boy of the results of these tests. It is not clear how he gained his assurance of success in them, but one can easily imagine that the wish was father to the thought. There is, in the psychiatrist's opinion, no question of deliberate falsehood on his part.

Unfortunately Kenneth's record for conduct during this period seems to have been as unsatisfactory as his record for work. There had been earlier reports of truancy on two days, denied by the boy and his mother and never fully verified. There had also been a story of his refusing to go to the office when ordered to account for being late. It was acknowledged by the school that the report of lateness was an error, but Kenneth's wrathful defiance of authority in this connection was held to call for further disciplinary measures. Also the boy had appeared one day at school without either books or homework, declaring that he had placed these precious objects upon a fence while he stopped to play with some boys, and that one of these youngsters had made off with them. Kenneth insisted that he had spent two hours on his homework, but in the absence of other evidence his teacher had refused to accept his word. How many other like incidents there may have been which helped to exhaust Miss Sanders' patience is not clear, but it was apparent that her limit had been reached. She declared that if a transfer had not been in prospect the boy would have been suspended for misconduct, and that if in the new school he continued to display the same carelessness both in studies and in conduct he might be sent to an institution. She complained, too, that both the boy and his mother seemed to put the paper route before the school in importance.

Nevertheless Miss Sanders consented to speed the parting guest with a recommendation that in the new school he be advanced at mid-years because of his "fund of outside information," not because of his past school work.

A HAPPY CHANGE

The very next day, while the social worker was calling on Mrs. McGregor, Kenneth came bursting in, exclaiming spontaneously before he saw her, "Oh boy! that's some school." He was radiant over his experience—liked his teacher, principal and class, and thought he had done pretty well in his lessons, though some things were differently handled from the way he was familiar with. He promised to work hard in the hope of being promoted at the end of the term. The whole family were very happy and grateful over the new arrangement. Kenneth even expressed the hope that he need not come to the Bureau so often now, as he hated to miss a half day from school.

No disappointment awaited the social worker upon her visit to the new school a week later. The principal proved thoroughly friendly and showed a sympathetic attitude toward the boy, yet evidently meant to hold him to a high standard. He said that Kenneth's teacher was an attractive young woman, with an encouraging way of speaking to the children, who nevertheless was very strict with them. There had been as yet no complaints regarding the boy.

The teacher, seen later in the month, proved as attractive as the principal had represented her and was obviously interested in her work. She said that Kenneth had caused no trouble at all so far, though she had been rather on the outlook for it because of his past record. His homework was always well done and he had been late only once so far as she could remember. She considered him very good in his lessons

and no worse than the average boy in conduct. She had recommended him for promotion.

Thus at the beginning of February Kenneth seemed well launched in the new school and his friends were fully justified in drawing a breath of relief.

NEW DIFFICULTIES

Unhappily the much desired promotion brought with it a change of teacher. Thus ended the boy's association with the young woman who for one brief month had presided over his destinies, with such happy results.

It had been agreed with the principal that so long as things went well with Kenneth his school work should not be interrupted by visits to the Bureau. The social worker also allowed a period of some weeks to elapse without a visit to home or school. Then, early in March, she dropped in at the principal's office to learn what sort of a record Kenneth had been making in his new class.

The principal was out, and as his assistant was unable to make a definite report, she sent to Kenneth's room teacher for a statement about his work. It appeared that up to a week ago the class had been presided over by a substitute, and that the teacher now in charge was a newcomer in this school. She reported Kenneth's conduct B —, and his work poor. He was very restless in class, she said. The assistant principal suggested that after Easter it might be possible to transfer the boy to another room, should this seem best.

Two weeks later the visitor called at the home to make an appointment for Kenneth to visit the Bureau during the spring holidays. Mrs. McGregor was glad to see her, had in fact just been writing to her. So far as she knew, Kenneth had not been actively seeking trouble, but his teacher reported that he was so restless, especially in the mornings,

that he disturbed the whole class and made her very nervous. He had been doing his homework regularly, though his writing and spelling did not seem to have improved much; his mother had been helping him in the evenings, but as she had been ill with grippe for three weeks this custom had necessarily been interrupted. Her chief anxiety at present was over his smoking. She had discovered him enjoying a cigarette in the bathroom, had talked to him seriously about the injury he would do himself if he persisted in the habit, and had obtained a promise that he would stop. She had not caught him at it again, but his teacher reported having noticed a suspicious odor hanging about him and having obtained from him an admission that he had been smoking.

Kenneth had been doing well with his paper route, though there had been some complaints that he did not stick to work.

A week later, at the Bureau, the psychiatrist received from the boy a fuller report of school difficulties. According to him his class had been subjected to the rule of three different substitute teachers, none of whom he had liked. One in particular "was always yelling and she wouldn't keep still a minute. She talked all the time and all the kids acted badly." He had had no serious trouble with any of these teachers, he said, but was troubled about one incident that had occurred the day before vacation. He had been sent to the principal's office for talking, had failed to find him, and had gone home without seeing him. He was hoping against hope that his teacher would have forgotten about this before school reopened.

Handwriting was still a difficulty, it appeared. Though he practised writing every night, his teacher still complained of his papers. He admitted that the fault was partly his, as sometimes when his left hand grew tired he fell back on

his right. One of his outstanding problems was that he wrote slower than the other children and was always behind. He said, "My teacher often hollers at me about this. I've tried to tell her about my writing but she won't leave me alone." He also still had trouble with spelling. History and geography were the subjects he liked best. He stated that he had no inclination to play truant.

In spite of his school difficulties Kenneth appeared happy. He was still very enthusiastic over his paper route, though he referred to the fact that he had no time for play any more: "Only on Saturdays sometimes I have a little fun." He said he had no desire for his old companionships, had made friends with other newsboys. "I ain't got time for the old gang. Sometimes I pass them but I haven't time to talk to them." He was looking forward to vacation and hoped to be able to go to camp again, though he had not yet seen the club leader about this.

Altogether, though the school situation was evidently far from satisfactory, there seemed at the date of this interview no reason to anticipate any especial difficulty.

A CRISIS IN AFFAIRS

Nevertheless a fortnight later an acute crisis in Kenneth's affairs claimed the attention of the Bureau. Mrs. McGregor telephoned to the social worker asking that she call as soon as possible, as Kenneth had been playing truant badly.

There followed consultations with the mother and with the school people by the social worker, and another long talk between the psychiatrist and the boy. So crucial was the present situation in the life of the subject of this study that a somewhat detailed review of these three accounts seems worth while.

Mrs. McGregor had received her first hint of trouble

when on April 13th Walter had come home and told her that his own teacher, while trying to round up some truants from her class, had found Kenneth among them. Kenneth when asked about this admitted not only being absent on the day in question, but having played truant the entire week. He would give no reason for having done this, merely saying that he had been playing ball in the lot. Mrs. McGregor did not know whether the truant officer had visited her during the week as she had been at work every day, but that morning she had received a summons to appear at the attendance department on the 19th and explain her son's absence. She had had no idea that anything of the sort was going on, as Kenneth had done some homework every night or at least had made a pretense of studying. She was greatly upset over the whole thing.

At the school a record of Kenneth's attendance and work was obtained. He had, it appeared, been absent six times in March, and had received C grades in everything. In April he had been absent on the 2nd, the 3rd, the 6th, and from the 9th to the 13th inclusive. His work for the term had shown no effort and no promise in any respect. The office people appeared quite to have lost patience with him. The principal, however, was still thoroughly friendly and co-operative. He had already transferred the boy to another teacher in the hope that a better understanding might result. He said that he had talked things over with Kenneth several times, as this was not his first truancy, and every time the boy had promised to do better, but with no result. The trouble this time had started when Kenneth was sent from the room one day for misconduct—he had then gone home and had not returned. The principal thought that the boy would probably be placed on probation, as this would be his first appearance before the attendance department. This

would mean that he would have to present his card every day to his mother and his teacher for their signature and that his grades for every day would be marked on it.

The principal was most willing for the Bureau to resume frequent contacts with Kenneth since he was showing a tendency to slip back, but asked that notice be sent to the school so that he would not be marked absent.

At the court hearing Kenneth was placed upon probation, after being thoroughly frightened by the judge with threats of truant school. The judge tried to persuade Mrs. McGregor to sign a statement saying that if Kenneth played truant again he might be sent to this school, but she refused. The judge agreed that in case of more trouble the Bureau might select the institution to which the boy should be sent, but declared that to some institution he must go.

After the hearing Mrs. McGregor visited the school. She found both the principal and the new teacher interested and friendly. The teacher had attempted to make Kenneth write with his right hand but the mother explained why he should not do so and straightened things out. She also saw the truant officer, who talked kindly with Kenneth, telling him that in business he would not find every one congenial, and that he must not buck every teacher just because he did not like her.

To the psychiatrist the boy, fresh from the court ordeal, appeared thin, pale, and worried. He claimed to have been alone during his recent truancy. He said, "While I was out of school I kept thinking about the time when I would be back and what the principal would do to me. Sometimes when he gets mad he puts you back a class." He was anxious to guard against the threatened calamity of being sent away to an institution. He seemed much distressed over the unhappiness he had caused his mother. His account of the

truancy itself and of the events leading up to it seems worth quoting in full:

"Every day I went over to the park and I read a book 'The Lion's Blood.' The reason I am thin is because I didn't eat any lunch and didn't go home at all. I would stay there until half past two and then go and take my papers. I didn't want to go to school because the teacher is always sending me to the principal. It seems as if she always picks on me. Sometimes the other kids throw things and I get blamed for it. I do laugh and talk but I don't do any stunts and she blames me for throwing spit-balls and I don't do it at all. I told you I ran away from school the day before vacation when she sent me to the principal and he wasn't there. Well, I was starting for school that Monday morning after vacation and I met one of the fellows who said to me 'You're going to get it for running away!' so I didn't go." (This boy, it appeared, had been kept after school the day before vacation, and had heard the teacher express her sentiments upon learning of Kenneth's informal departure.) "I didn't go all that week and I didn't tell my mother. Every night I used to write spelling words and do homework. I had my spelling book and did some arithmetic and read some history and geography. When I went back I found I had read some things before the rest of them and I knew my geography and arithmetic but I wasn't up on spelling. The truant officer saw my brother Walter and he told my mother so she talked to me and told me to go back to school next Monday. That day I was ready to go and was out in front of my house across the street, and the truant officer came up and said 'Why didn't you go to school?' and I said 'Because the teacher always sends me to the principal.' He told me to go to school. I went to my class and the teacher said 'Why were you absent?' and I told her 'Because you send

me to the principal' and she said 'Go out to him, he wants you.' He said to me 'Why were you absent?' and I told him. He didn't scold me and he talked to me and told me to go back and see if I could be good. I haven't had any trouble since and now I have a new teacher. I don't know why, but three days after I went back the teacher said 'You are to go to a different class.' My new teacher is all right but she's cranky and hollers at you. She got after me because of the way I write spelling and she tried to make me write with my right hand. I told her I was told not to and she said 'Bring a letter from home,' so mamma went up."

This teacher, he said, now appeared interested and friendly and let him use his left hand.

The discrepancies between Kenneth's statement to his mother and his statement to the psychiatrist, and between this latter account and the record of truancies obtained from the school, will be apparent to any careful reader. Comment upon the various features of this truancy episode is, however, reserved for a later page.

LESS EVENTFUL WEEKS

Of his school work the boy had no very hopeful report. He said it took him twice as long to write a composition or test as it took the other children and this was probably not much of an exaggeration, since when asked to write his name he spent a minute and a half of painstaking effort in producing a signature. This poor coördination of the muscles involved in writing meant, of course, that he had to spend far more time on his evening work than the average child, and as Kenneth's outstanding trait was his desire to get through things quickly, this meant a constant burden of irritation to be borne.

Only in regard to business was the boy's report a happy

one. He was still enthusiastic over his paper route and proud of the fact that he had recently earned a prize of $1.00 for getting new customers.

For the remainder of the school year Kenneth's career was followed very closely by the social worker and he was seen about once a fortnight by the psychiatrist. Every effort was made to keep him in school and to encourage him to do better work. His daily report cards of course proved an important aid to the school in securing regular attendance. Things seemed to be going fairly well until, early in June, came reports of two new truancies, and, worse still, of deceit in covering them up. On one occasion the boy composed a note of excuse to which he signed his grandfather's name. On another he fabricated a story about having an appointment with the psychiatrist. The note was not accepted by his teacher, who sent it to the clinic with a request for investigation. To the psychiatrist in his next talk with her Kenneth admitted his fault. He said, "I know I'm not going to get promoted because I don't get good marks. The teacher told me about it when she was angry, so that afternoon I didn't come back to school. I went off alone and sat near the ball field. I hated to go back and I knew I had to take a note or I would get in trouble."

THE SCHOOL'S INTERPRETATION

School was by this time in its last days. The social worker made one more visit to principal and teacher. Their final summing up of the term's record is worth rendering in some detail.

His teacher recorded her opinion that Kenneth was "not dull." "He can do well in geography and history if he wants to, and his general information is good." She said he was "sneaky" and careless and would not put forth the effort to

do well in his work. She would not consider promoting him even on trial.

The assistant principal was equally emphatic. She said spontaneously that there was no way of explaining Kenneth's failure except as a case of wilfulness and carelessness. "We all know him," she added significantly.

The principal showed a little more tolerance for the boy. Still, his general comment was, "He has played us all." Upon the social worker's asking if there was any special class for retarded children in which the boy might be placed, he said that a number of "opportunity classes" were to be started in the fall, and promised, if the worker would remind him of the case by letter, to see what he could do about geting Kenneth into one of these.

The next day the reminding letter was written.

SUMMER PLANS

Summer vacation had now begun, and Kenneth was happy at the prospect of camp life. His former camp leader had been interviewed by the psychiatrist and had promised to see that the boy had regular daily periods of hand drill in writing or manual work which it was hoped would bring about, by fall, a better coördination of the left hand muscles. Kenneth expressed on several occasions his satisfaction at this prospect.

In spite of careful planning the camp experience this year proved far from satisfactory. The tutoring promised was never given. Kenneth, according to the camp authorities, fell under the influence of a small group of older boys who were the chief trouble-makers of the camp, and earned the hearty disapprobation of those in charge. It appeared from the boy's own account that very little skill or tact was used in the management of his problem. Whatever the ultimate

truth about the whole experience may have been, its net result, in Kenneth's mind, was a strong disinclination ever to go to that camp again.

A BAD BEGINNING

Early in September relations between the McGregor family and the Bureau were renewed.

Kenneth had been transferred, it appeared, to a "vocational class" at another school, but had not yet put in an appearance, though his family supposed he had been attending school for three days. The social worker at once got in touch with him, and by picturing the new class in attractive colors roused his interest so that he promptly reported at school.

In this interview with the worker the boy told a tale of going back to the old school at its opening and being passed from class to class because each teacher found that he did not belong there. With the psychiatrist, later in the month, he was more frank. Indeed, his confession ran back to his last truancy at the end of the previous school year, not before reported. He said: "The teacher hit me one day. She took my pencil and I said 'It's mine,' so she slapped me across the face, so I stayed away from school. I don't know how many days but it was at the end of the year and so I didn't tell my mother about it because I didn't want to worry her.* * * When I was supposed to go back this year I didn't know where I was going and I was afraid I wouldn't be promoted anyway."

A BRIGHTER OUTLOOK

However, the prospects were now looking much brighter. Kenneth said, "I am so glad I could get into this new school. It's so much better."

Three features of the new school situation appear to account for the boy's satisfaction in it, which has continued unabated to the date of writing. First, he liked his teacher. Only a woman capable of taking a genuine interest in retarded, difficult children would be likely to be placed in charge of an opportunity class, and the teacher in question was clearly of this type. Second, he had two periods of carpentry during the week, each of two hours' duration. Third, the new class, by some mysterious legerdemain, ranked as a 7A grade. The exhilaration, to a boy who had failed in 5A the year before, of finding himself at this lofty pinnacle, may be imagined.

OTHER PHASES OF TREATMENT: ENURESIS

While tracing in detail the significant developments in Kenneth McGregor's school history we have passed over many other features of his story.

His record in the matter of enuresis is one of these. Soon after he began taking the glandular remedy prescribed for him all trouble of this sort ceased. Whether the apparent cause was the real one may be debatable among experts, but there was no question in the mind of Mrs. McGregor or Kenneth, who were eager to continue the treatment. In March, however, the supply of medicine ran out and the boy suffered a relapse. In June he proudly reported that although he had been without pills for two weeks there had been no return of the trouble. While at camp he wet his bed three times, but had no further trouble during the rest of the summer or the fall, though he was still without medicine. In October glandular treatment was resumed as a preventive measure for a period of six weeks. There has been, thus far, no recurrence of the difficulty.

FAMILY ATTITUDES MODIFIED

One phase of treatment that has as yet received no comment is the changing of attitudes within the family circle. The rivalry between the brothers had been found, in early contacts with the family, to be very much exaggerated owing to the mother's habit of holding up the elder as a model to the younger. One task of the social worker had been to convince her that this policy of invidious comparisons resulted in more harm than good. The psychiatrist in her contacts with Kenneth at the same time sought to influence the youngster to accept as quite natural his brother's superiority in certain points. Both efforts seem to have met with some success. For example, the boy now appears quite unconcerned over the fact that he has considerably fewer customers than Walter. He aims to increase the number, but no longer suffers from a feeling of inferiority on account of the discrepancy.

To be sure, certain events of the past year with which the clinic had no connection have tended to place the two boys more nearly upon a level. Last winter, Walter fell from grace at school. He was impertinent to his teacher, and in punishment was put back a grade. His record for the rest of the year was not followed in detail, as he remained in the old school when Kenneth was transferred. Apparently, however, his standing during this period was none too good, for in the fall it was found that he too had been transferred to one of the new opportunity classes. The fact that both youngsters had thus simultaneously attained a grade so far beyond their wildest hopes may well have relieved the tension of rivalry between them.

Still more important, perhaps, was the change wrought in Mrs. McGregor's handling of another phase of Kenneth's problem. The fear in her heart lest he prove a replica of his

father may not have been lessened, but under the social worker's influence she learned to refrain from the expressions of it which had threatened to fasten upon the boy the impression that he was doomed to follow in his father's footsteps.

PROMOTING PLAY ACTIVITIES

In the fall Kenneth voiced more emphatically the feeling expressed in the spring that he had no chance for fun. The psychiatrist, feeling it important that his program of work and study should be balanced by recreational opportunities, advised him to connect himself with a club at the nearby church where he had all along been attending Sunday school. The suggestion proved to be all that was needed: soon the boy was attending two clubs and a gymnasium class, so that three evenings a week were happily occupied in play activities.

AN ATTEMPT AT INTERPRETATION

The end of this narrative covering Kenneth McGregor's first year under the oversight of the Bureau brings us to a fresh facing of issues. How much has the record of that year added to our power of interpreting his problem?

First of all, perhaps, one is impressed with the mental handicaps under which the boy clearly labors. His poor judgment, especially, shows itself in his repeated withdrawals from school when irritations piled up, even after the experience at the attendance department, following upon a series of encounters with truant officer and principal, had brought home the realization that serious consequences were likely to follow. His habit of worrying over the prospect of being put back a class or being sent to an institution, while acting in the very way most likely to bring these disasters

upon him, sufficiently indicates his inability to reason from cause to effect in practical issues affecting his own welfare, or to bring his vagrant impulses under control.

Such lack of practical judgment joined with emotional instability is so common a combination in children who make trouble for themselves and their elders that it may seem superfluous to comment upon it. Yet the point is precisely that in many children, of whom Kenneth is a fair sample, the irritating behavior which drives teachers and parents to distraction is due not to sheer perversity and original sin, but to a real intellectual and emotional weakness. The importance of this changed interpretation of familiar facts lies in the different approach to the problems which it suggests. For while exhortation and punishment have been the accredited means of dealing with natural depravity, changing conditions to meet unchangeable factors in a child's make-up is rapidly becoming the approved method wherever the newer psychological understanding prevails.

Kenneth is only one of a multitude of boys who, falling below the average intelligence of their fellows, find school work too difficult, drop behind again and again, become irritated and bored with a school setting which has brought them nothing but failure and humiliation, and strike out blindly in the effort to escape. Whether their irritation finds expression in truancy only, or in other forms of misconduct more clearly classifiable as delinquency, depends on many factors without, as well as within, the individual child.

The reduction of Kenneth's irritation through sympathetic understanding, through repeated efforts to adjust school conditions to his needs, through the chance for successful achievement afforded by his paper route, and, more recently, through provision of recreational outlets, is largely responsible for his having got through the year without more

serious conflict with the law. Yet there may have been a large element of chance in the outcome: mere good luck may have kept him from falling in, during truant days, with marauding youngsters who would have led him into trouble. Again, if the threats of the truancy judge had been carried out it is evident that the boy would now be in an institution; whether his being still at liberty is wholly due to the strenuous efforts of the workers of the clinic during the last few months of the school year, or in part to mere good fortune, is likewise a question. The fact that it was possible, at last, to get him into a class where special provision is made for boys of his type is encouraging evidence that the newer point of view which would adapt school to child is gaining ground.

Two special features which complicated Kenneth's school problem deserve mention. The growing literature on left-handedness does not show anything like unanimity among those who have studied this subject on the question whether harm is usually done to left-handed children by compelling them to use the right hand. There is, however, a good deal of evidence tending to show that in many cases serious nervous reactions, as well as a loss of manual dexterity, follow such compulsion. When, as in Kenneth's case, the interference with natural expression has been clearly a source of irritation, and when conspicuous slowness and illegibility in handwriting have resulted, in contrast with rather quick and skillful hand work along other lines, there appears good reason to believe that this interference has played an important part in producing school maladjustment. The fact that only a moderate improvement in handwriting has followed return to the natural method does not weaken this opinion; since the work of six years, of six early formative years especially, could hardly be undone in one.

The other complicating feature in Kenneth's case is suggested by the views held regarding him by the first and last teachers who presided over his fate during the last school year, and who probably on this point fairly represent the others whose régimes intervened. Neither one saw him as a handicapped child; according to them he was not dull, was merely wilful and careless.

It is a fact well known to students of mental deficiency that many definitely feeble-minded children produce an effect of brightness which deceives practically all with whom they come in contact. It is not at all strange, then, that a similar discrepancy between fact and appearance should exist in dull children above the limits of feeble-mindedness; and it is clear that, whatever their actual intelligence level, such deceptive youngsters suffer from an added handicap. Allowances which even a weary and exasperated teacher would be likely to make in dealing with a lumbering, slow-moving mind she may wholly fail to perceive the need of making when confronted by an alert, lively youngster whose dullness masks itself in hyperactivity along every line save that of application to school tasks.

Kenneth's habit of lying presents yet another problem. Clearly most of his lies were in the nature of defensive measures; having failed to keep an appointment, or played truant, he offered the best excuse that came to hand, quite regardless of actual fact. How far this tendency is to be accounted for as part of a general delayed development, as a hang-over from the fantasy-weaving period of early childhood, has not been finally determined; the boy is still too young. Lying as a way of meeting life issues may develop, in the adult, into an habitual reaction so deeply rooted as to appear to be based on some mysterious constitutional factor, just as the habit of resorting to sickness as a means of

solving difficulties develops in certain neurotics. Such habitual lying and malingering alike are the tools of weak people, of incompetents, who are unable to face the difficulties of life frankly.

These considerations bring us back again to the question which has repeatedly forced itself upon us as we reviewed Kenneth's history: how far is this boy his father's son, molded by physical inheritance to inevitable ends?

We cannot answer. The issue of inherited constitutional inferiority still eludes definition. All that could be done to modify modifiable conditions in the interests of this handicapped child has been done, is being done. An effort has been made to ward off the danger of a psychological inheritance by leading the mother to abandon the practice of dwelling on the father's faults and on the boy's alarming likeness to that father. How far these varied endeavors, supplementing the influence of the devoted mother herself, may succed, is a question which time alone can answer.

March 1, 1927.

In following Kenneth's further peregrinations one might write at length of his struggle with grade work, always with poor marks even when he made a maximum effort. That the boy's intellectual limitations predetermined this scholastic limp will be recognized by those readers whose studies in the psychological field have led to an understanding of the burdens imposed upon the dull normal child by the pressure of the regular grade school. Books have been written on the need of opportunity class privileges for such children, and eventually, when enough has been written and read, perhaps boys and girls with such handicaps may be rescued early from the wear and tear of painful competition with better equipped fellows.

With Kenneth our task was one of watchful helping and waiting

until the clock struck the morn of his sixteenth birthday. This meant release from classroom drudgery to the portal of industry. The half day a week of continuation school could be accepted by him with better grace because of its infrequency, especially when his job opportunities gave him a chance to busy his hands. His first venture was in the rôle of helper in a printing shop where he was a reliable, willing assistant. The only drawback was a financial one, for when an industrious boy like Kenneth could make twelve dollars a week for three hours of work each day in running a paper route, it required an adjustment to accept a job at ten dollars per week which demanded nine hours or more a day for six long days. His philosophy suggests his personal integration, for he remarked sagely, "The paper job was a blind alley job and I'm working for something in the future and I've got to learn." After some months of successful work, an untimely small fracture of the tibial tubercle interrupted his job activities; but with a cast he developed surprising ability as houseman in his own home, and the preparation of meals, housecleaning and the many duties at hand helped him to pass the time. Recovery found him with renewed enthusiasm, but the job was filled. He was enabled to find work as a plumber's apprentice. Kenneth's fine manual ability, his sense of responsibility and interest to learn, are real assets in this field, and at last reports he was making encouraging progress.

DISCUSSION

By Henry C. Morrison
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The principal objective of modern social institutions is the adjustment of individuals to the world in which they must live. The principal set of problems which every such institution encounters arises out of the fact that every individual is an organism and not mere plastic material to be molded according to predetermined standards by methods which suit the convenience of the institution. The institution may fail—indeed must fail with many individuals—but simple failure is widely different from the generation of positively harmful and anti-social attitudes. In these three cases it is easy to see wherein the school has not only failed but in varying degrees has done the child positive harm. In Kenneth's case, the boy's condition is almost wholly traceable to the school's ignorance of the nature of the educative process and of precautions to be observed in dealing with very common instances of a typical individual mental and nervous organization. In Mildred's case, there was enough in the home life of the child to account for her personality; nevertheless, her first school, by sheer neglect of the most important primary educational adjustments, left her without resources within herself which might well have formed a refuge to which she could escape from the unhappy life of the home. Two different schools were concerned, but the second made no intelligent effort to correct the neglect and incompetency of the first. Rather, it took the one course best calculated to further and establish the attitudes which were being built up by the home. In Sidney's case, the school's influence is not so

definitely bad, but at a critical moment a teacher exhibits such total lack of an educational point of view that she does the very thing which was most likely to confirm the boy in his attitude of hopeless resistance to a world which seemed to thwart him in every legitimate desire.

Kenneth is a pupil who is not at all uncommon in school. He is an extreme instance of a type which in varying degrees constitutes perhaps a distinct majority of all who go to school. We may describe his particular type as that of the direct-learner. Such pupils seem to live in such a world of vivid reality that they can conform only with difficulty if at all to the lesson-getting type of learning. Usually, they tend to flock to manual work, because in the typical cut-and-dried lesson-assignment kind of school that is the only department in which direct-learning is possible. Others are able to conform to the roundabout way of learning implied by the daily lesson. It is interesting to note that perhaps half of the latter never acquire anything more than the ability to get lessons. So long as they can grind out lessons they shine; deprived of this routine, they fail. The other half succeed in learning by learning lessons, and they are the ones upon whom the school has to rest its case. In a recent test in a group of city high schools it was found that only about ten to fifteen per cent belong to this lesson-transfer type. The others were sheer lesson-learners, or vague approximate learners of the passing grade type who make up the bulk of our high school and college graduates. The Kenneth type usually gets eliminated before reaching high school. They appear later either as successes in life and lasting reproaches to education; or as criminals or semi-criminals, depending probably upon their individual types of inherited instinctive equipment. Quite possibly Kenneth's father was of the type last named.

Now, note that when Kenneth by chance gets put in contact with a book, he loves to read. The meager sort of thing he reads will not go far in the direction of satisfying his normal craving for vicarious experience and like all other children of his age he does not know how to get contact with books. A thoroughly good modern school teaches children to read and then furnishes them with an abundance of reading. The amount of such reading some children will do seems incredible. Kenneth seems dull on bookish things *not because he cannot think but because he has little to think about.*

The boy is singularly unfortunate in the particular concatenation of circumstances which he encounters. Not content with giving him an unfortunate father, Fate endows him with genuine left-handedness, sends him to a man who on no valid evidence at all calls him a "moral imbecile," and caps the climax by putting him in a school conducted on factory lines. She makes amends by giving him a good mother and putting him in touch with the Bureau.

Now, in the year of grace in which this record was made, a city like New York ought to have at least principals of schools who know enough to keep teachers from compelling children who are definitely left-handed to write with the right hand, especially when such children prove to be persistently bad writers. Out of this grows bad spelling and bad composition, since the chief image used in spelling is the kinaesthetic image which forms about the neuro-muscular adjustments used in handwriting. It is fortunate, probably, that this performance did not upset his whole language-arts machinery; but apparently it did not. Nevertheless, this item in the chain of his misfortunes meant failure of promotion in a school system which conceives education to be a matter of "yellow tickets" in the form

of grades, high school units, semester-hours, etc. Failure of promotion, with its unreality, mendacious significance, and incomprehensible injustice, starts all the latent crookedness in Kenneth's masterful nature just as it causes the different nature of Mildred to withdraw into apathy and occasional brain-storms.

There are two bright spots in Kenneth's school career, both of them confirmations of the thesis of this note. First, he enters a school in which there is a principal who apparently is an educator and not a factory boss and a teacher who is apparently one of those rare individuals in city classrooms, a woman who has insight and genuine tact. The effect is at once notable. For the first time, the boy becomes part of a real educational situation. He is soon caught in the machinery, however, and that episode is terminated. He promptly relapses.

Finally he gets located in a school in which his direct learning proclivities have full play, or at least a better opportunity, and it rates as 7A. There was nothing miraculous about this; somebody along the line declared a moratorium on "yellow tickets." It might have been done anywhere.

To sum up: Kenneth is a psychiatric case only in a secondary sense. The incompetency of the school was the chief factor in making him what he is. He is probably promising material, but, if he gets back into ordinary school routine, he will be likely to drop back into his old ways. The chances are that as he grows older he will, in that case, keep out of the reach of the law as most such do.

Sidney's case is different, for he never had any atypical learning characteristics, such as well-established left-handedness; he is not so masterful as Kenneth; and he is probably a transfer-type of learner. His case seems to me to be

clearly physical, in the main a simple instance of nutritional insufficiency. This being corrected, he is able to get along in spite of some anti-educational acts of the school and his sad family trouble. Of course the mother's thoughtless sex irritations created a complication of his fundamental physical disorder.

The case of Mildred as a school case is only less interesting than that of Kenneth, and on the whole much the same verdict can be rendered. While there is enough in the history to furnish an evident psychiatric as well as educational explanation, the outcome so far shows that correction of school difficulties was after all the chief factor in the case. In spite of her syphilitic condition and enuresis and in spite of the family troubles, the non-promotion and all that implies in her relations with the younger child seems clearly to be the outstanding personal complication.

We do not know much about the early pedagogical history except that she did not acquire the fundamental adaptations such as reading. There is a story that she was set to manual labor and from what we know of some of these schools this is quite credible. The story that she used to memorize passages from hearing other children read may be true. It is quite as likely to be true that she was a direct learner like Kenneth and tried to learn in the only economical way. In that case, her teacher's persistence on word pronunciation would set up a crop of language-arts inhibitions which would prevent the reading adaptation from taking place. Most high school and college graduates who have had courses in foreign languages have experienced the same complication, to a greater or less degree. At all events, she did not learn to read and was thus inhibited from ever learning to study, until the malady was corrected. This would transfer to the expressional side of language and operate there as well.

That she had no functional reading disorder is evidenced by the fact that she later learned to read under a tutor.

Now, the effect of this initial failure was to introduce the promotional difficulty and that was the root of the whole matter. Further, since she could not read, the range of her possible experience was limited and she must get rapidly out of contact with girls of her own age. Her apathy may have been in part due to the fact that her mind had little to operate on. Note too that, if the mother is to be credited, Mildred was a bright, sunny, normal child up to the time when she went to school.

It seems clear that the root of the matter could not have been reached had not the Bureau succeeded with its psychiatric treatment and the subsidiary practical enterprise of applying pedagogical adjustment through the tutor. By the time the child came to the clinic, her case had progressed too far into the field of mental malady for the school alone to achieve a solution. Nevertheless, the school was fundamentally responsible for the whole bad situation. It neglected its duty in the first place and possibly set up a complex of learning inhibitions. Subsequently, through its obsession for grades and promotions and almost total neglect of individual problem case study, it built up a mental attitude which well-nigh started the girl on the road to insanity.

APPENDICES

CLINICAL REPORTS

Appendix I

MILDRED

PHYSICAL SUMMARY

General Appearance:	Well developed, well nourished girl of twelve
Stigmata:	None evident
Skeletal Development:	Weight, 102¾ pounds Height, 61¼ inches
Skull:	Round, dome shaped Bony prominences Supra-orbital ridges, small Glabella, negative
Jaw:	Medium width, slight asymmetry, left side slightly smaller than right Prognathism, absent
Face:	Small, symmetrical, left side slightly smaller Facies, suggestive of thymic type but broad cheek bones and broadening jawsuggest beginning pituitary compensation
Trunk:	Torso arm ratio, 41/76½ cm. Torso leg ratio, 41/86 cm.
Spine:	Thoracic, postural kyphois Lumbar, lordosis Shoulder blades, somewhat prominent Pelvis, rounded, feminine type. Intertrochanteric measurement 30 cm.
Hands:	Length of hand, 18 cm. Shape, long thin type Fingers, long and tapering Finger tips, flattened
Feet:	Length of feet, 24½ cm. Shape, fairly broad Toes, moderately long
Grip:	Right hand, 35 Left hand, 40

Tegmental System:	
Skin:	Texture, medium Eruptions, slight acne eruption on face and back Wrinkling, absent Dryness, medium degree Reaction to stroking, fairly immediate broad red line, medium intensity, broad white border
Vasomotor Disturbances:	Some congestion of the extremities
Hair:	Medium brown Texture, medium Scalp distribution, fairly heavy Heavy outer edge full
Eye Brows:	Heavy Outer edge full Nasal brow, slight Lashes, heavy, long
Nails:	Texture, fine Habitual nail biting
Teeth:	Alignment, normal No spacing Shape, incisors small and square, slightly irregular edge, canines not well differentiated Condition, unclean
Gums:	First degree pyorrhea
Joints & Ligaments:	Fingers, slight hyperextension Slight degree visceroptosis Feet, negative
Muscles:	General development moderately good Tonicity, good Tremors, none present
Gonads:	Menses not established
Secondary Sexual Characteristics:	Hairy distribution, scanty in axilla. Pubic distribution feminine type
Mammae:	Glandular tissue, small amount Nipple areola 2 cm. in diameter
Glands:	Thyroid, palpable Tonsils, removed Cervicals, palpable Epitrochlears, not palpable Inguinals, few small glands, no tenderness

Thoracic Cavity:	Left side of chest larger than right. (History of pneumonia at an early age)
Lungs:	Anterior chest wall flattened X-ray, negative Bronchi, negative Pleura, negative Lungs, negative
Heart:	Apex beat 11 cm. from median line in fifth inter-space Impulse, normal Right border 2 cm. from midsternal line Sounds, normal Pulse, at rest 96 (emotionally upset). Two minutes after exercising, 80 Systolic blood pressure, 96 Diastolic blood pressure, 68
Abdominal Viscera:	Negative
Genitourinary System:	Occasional enuresis
Subjective Complaints:	Occasional frontal headaches
Objective Deformities:	None
Eyes:	Muscles, normal Vision, normal Right 20/20 Left 20/20 Pupils, small, equal, regular Reaction to light and accommodation normal
Sense of Smell:	Negative Nasal cavity, negative
Other Cranial Nerves:	Normal
Reflexes:	Deep, normal Superficial, normal

PSYCHOLOGICAL IMPRESSIONS

Mildred was reticent and rather unresponsive. She obviously did not want to take the test, wondered "what it was all about" and was not in the least interested. However, she is well mannered and cooperated from the standpoint of politeness. She was not in the least elated by success and appeared undisturbed by failure. She reacted slowly in every instance and after much thought.

It was hard to get her attention and very difficult to hold it. Street noises distracted her greatly and she would often stop what she was doing and turn toward the sound. She endeavored to be very persistent and succeeded very well, even persisting when fatigued, and she exhibited considerable fatigue. She was constantly on the move, either playing with the pencil, wiggling her feet, or moving her fingers aimlessly, even while working intently.

Mildred has just been put into the second grade, and is quite unhappy over the fact that she is so much older and larger than the other children in the room. She was very reticent in talking about her long absences from school and said she did not know how many years she had gone to school but thought she had started very young and had always been put back after illness. She can read only a very few words, such as 'the', 'a', 'boy', 'girl', 'ball', etc., but writes very well. She wrote her name and the date of her birth, asking examiner how to spell 'January' and in dictation test wrote 'See the little boy', eighth year dictation, correctly. She also makes very fine figures, much better than the average 14 year old child, and did first, second and third grade arithmetic correctly, as well as addition in 4th grade work.

Her stock of general information is fairly good. She knew the number of days, weeks and months in a year, the date and year, as well as many of the more simple facts of physiography, but she knew nothing of history and geography.

Chronological age—12 years 2 months
Mental age —11 years 9 months
I. Q. according to Terman—97

She failed the reading test in year ten, giving her a basic age of 9, but passed all other ten year tests, giving 67 words in the association test of a logical nature, such as sky-clouds-sun-moon-stars, etc., also other connected groups showing a fairly good type of association. She defined 30 words—the definitions being very simple ones. This gives her a 10 year rating for vocabulary.

She copied the designs in year 10 one correct and one half correct, saw the absurdities at once, as well as the 4th degree comprehension problems, showing good comprehension. Her visual memory for form is good as shown by her score in designs and in copying diamond and square. In the Healy visual learning she scored 8-12-12, a good curve for new associations. Owing to her inability to read, it was impossible to determine her visual memory for words.

She has a good auditory memory, repeating 22 syllables, and very good auditory attention, scoring 25-25, a perfect score. Her memory span

for digits is 6 forward, the 10 year norm; while she repeated 5 digits backward, 12 year level, she could not count backward by 1's, 2's, or 3's, and became very much confused in the effort, showing rather poor mental control.

In the 12th year she showed good abstract thinking in defining abstract words, poor planfulness in the ball in field, a very inferior performance, and in the fables poor generalization, failing all but one fable. She also showed good analysis of the concrete in the similarities test, year 12, and passed comprehension of abstract situations in year 14.

Her reaction to the pictures was very peculiar, exhibiting considerable emotional upset. She glanced quickly at the picture of the Dutch Home and immediately looked away fixedly staring into space, and when asked to look at it would not look at it nor at the examiner. When this picture was taken away she refused consistently to look at any one of the other pictures placed before her, continuing to gaze fixedly away from them, and no amount of urging or details given about the pictures would cause her to look toward them. When examiner asked what was wrong, she said quietly, "Nothing." Just as soon as the pictures were removed and another test given her, she resumed her previous demeanor and went on with the test as though nothing had happened.

After all other tests were completed, examiner produced picture completion 2, and at the mention of picture she turned quickly toward the window and would not look toward the puzzle. However, she conversed with examiner quietly and as usual, after the box had been closed, but would give no explanation of her attitude toward pictures, remaining silent when questions were asked regarding them.

Mildred shows fairly good mental representation, passing the clock hands easily, but failing cross lines. She handles concrete material very well, passing form board A in 2¼ minutes with 13 moves on the first trial and with 5 moves in 20 seconds on the second trial. In B she made 21 moves in 1¾ minutes. Her motor coordination is only fair—54 and 61 dots, and with no errors, 9 to 10 year norm. Her general nervousness probably influenced this performance, as while she was tapping she kept her feet and her other hand moving aimlessly.

For one who has had so few educational advantages, the performance was an intelligent one. Her I. Q. of 97 places her in the low normal group, but it must be borne in mind that her inability to read, which is dependent upon training, was instrumental in bringing the I. Q. down. Despite the fact that she has had few educational opportunities, she has good intelligence, and with assistance in the essential fundamentals of education should be able to advance regularly and rapidly

Appendix II

SIDNEY

PHYSICAL SUMMARY

General Appearance:		Fairly well developed. Fairly well nourished. Pale and anemic looking
Skeletal Development:		Weight, 83— pounds Height, 56½ inches
	Skull:	Normal
	Jaw:	Narrow, marked torus
	Face:	Rather narrow and small
	Trunk:	Negative Shoulder breadth, 13½ inches Pelvic contour, masculine Intertrochanteric measurement, 11½ inches Hands, narrow, long Shape of fingers, long tapering
Tegmental System:		
	Skin:	Texture, fine Eruptions, several small boils on neck Skin reaction to stroking, marked
	Vasomotor Disturbances:	Considerable mottling of hands and feet
	Hair:	Dark brown Texture, medium Lustre, dull
	Eye Brows:	Medium thickness, scanty over outer edge
	Nails:	Markedly brittle
	Teeth:	Broad central incisors, canines unerupted Condition, two carious
Joints & Ligaments:		Hyperextension of fingers Marked flat feet
Muscles:		General development, medium Tonicity, fair Tremors, none present
Gonads:		Penis, normal size for age Testicles, descended, medium size

Secondary Sexual Characteristics:	Hairy distribution, beard, axilla, pubic, absent
Glands:	Thyroid, slightly palpable Cervicals, not palpable Tonsils, removed in infancy Epitrochlears, not palpable Inguinals, not palpable
Thoracic Cavity:	Symmetrical
Lungs:	Lungs, negative Bronchi, negative Pleura, negative
Heart:	Apex beat fifth intercostal space Impulse, even Sounds, normal Pulse at rest, 82
Abdominal Viscera:	Negative
Genitourinary System:	Bed wetter until ten, otherwise negative
Subjective Complaints:	None
Objective Deformities:	None
Eyes:	Vision normal with refraction Wears glasses Cornea, clear Iris, brown Pupils, normal
Sense of Smell:	Negative Slight nasal discharge
Other Cranial Nerves:	Negative
Reflexes:	Deep, normal Superficial, normal
Sensations:	Tactile, temperature and pain, normal

PSYCHOLOGICAL IMPRESSIONS

Sidney was very friendly and cooperative. As he had had a Terman four months ago, these tests, not being new to him, did not interest him much. But he was intensely interested in those tests in Schedule A which he had not been given before and was very desirous of showing his ability to perform perfectly. He displayed a great deal of self-assurance,

assumed an almost arrogant attitude in situations when he knew he had done well, and was not in the least depressed by failure, saying, "That hardly seems right, but then it *must* be."

His attention was easily gained and fairly well sustained, except where tests brought up situations of personal accomplishment, when he would launch off into a long story about what *he* had done on a certain occasion.

His reaction to all tests was very rapid, exhibiting a nervous haste to get at the next problem. He was unusually persistent and showed no fatigue, asking for more tests at the close of the performance.

Chronological age—13 years 7 months
Mental age —17 years 1 month
I. Q. according to Terman—125

In considering this I. Q. it must be borne in mind that the boy had had the Terman Tests four months ago and obviously recalled many of them.

His basic age is 14. In year 16 he passed all tests except vocabulary, and in year 18 he passed tests requiring mental representation and memory span.

Because of his truancy his school progress has been irregular and in February he was put back into 7B. He is very fond of science but dislikes geography and history. In the school tests in the latter he was bored and did poorly.

In arithmetic he attempted 11 problems with 9 correct, in 12 minutes. The norm for the 7th grade is 13 attempts with 8.2 correct. His carelessness in putting down his figures, which necessitated much erasing, impeded his progress here. He has a very good fund of general information, and has a keen interest in national and world affairs.

The performance of tests requiring mental representation, apperception, abstract reasoning and generalization was very good indeed, 16 and 18 year level.

His memory span is very good, also. He gave 8 digits forward—18 year level, but in mental control he dropped to the 12 year level, giving only 5 digits backward.

He interpreted fables and pictures at the 16 year level, showing the effects of the reading of adventure stories in the latter.

Tests requiring visual memory showed very good ability. He copied designs perfectly, recalled 20 memories in the reading and report test, and in the visual learning scored 12-12-12. His auditory memory, however, is only fair. He repeated 20 syllables, 10 year level, and in auditory attention scored 14 and 17.

On the vocabulary test he defined 60 words, showing the influence of varied reading, as among these 60 words were many of the most difficult of the 100 submitted. The reaction time in word opposites was an average of 1½ seconds.

In motor coordination he thought the test "very childish" and tried to play a sort of target game with it, raising his arm rather high and hitting at the squares. On the first trial he made 78 dots, with 2 errors, and on the second, after being persuaded to take the test more seriously, 88 dots with one error. The norm at 16 years is 78 dots, no errors, and at 18, 87 dots, no errors.

The ball and field plan was very superior. While drawing the path, he explained his reasons for the course he was taking, and "defied anyone" to miss the ball using such a plan.

With the Healy form boards the performance was of a very high order, and unusual care and thoughtfulness were displayed. In A he made 6 moves in 30 seconds on the first trial, 5 moves in 20 seconds on the second trial, and in B he made 11 moves in 25 seconds.

Sidney is a keen, intelligent boy, with no outstanding difficulties. He has very good mental representation, apperception, reasoning and generalizing ability, as well as a keen, active imagination. With these outstanding abilities and with his intelligence quotient, which places him in the superior adult group, it would seem impossible to explain his school failures on the basis of an intellectual lack.

Appendix III

KENNETH

PHYSICAL SUMMARY

General Appearance:	Boy of thirteen, fairly well developed
Stigmata:	None evident
Skeletal Development:	Weight, 75¼ pounds
	Height, 55¾ inches
Skull:	Well shaped, moderately high forehead
	Supra-orbital ridges, moderately prominent
	Glabella, 2 cm. in width
Jaw:	Beginning to show tendency to broaden, though chin is still somewhat pointed; symmetry normal, prognathism absent
	Max. torus slight
Face:	Long, but chin broadening and cheek bones suggestive of beginning pituitary compensation of the thymic type
Trunk:	Torso arm ratio, 38/71 cm.
	Torso leg ratio, 38/74½ cm.
Spine:	Shoulders, form good
	Chest, form excellent
	Pelvis, masculine contour
Hands:	Fairly broad
Feet:	Length of feet, 23 cm.
	Shape, long and narrow
	Toes, medium
Grip:	Right hand, 23
	Left hand, 30
Tegmental System:	
Skin:	Texture, fine
	Eruptions, none
	Wrinkling, absent
	Color, pink and white
	Reaction to stroking, very slight
	Pigment, freckles over face, arms and neck

Vasomotor Disturbances:	Slight congestion of the extremities
Hair:	Red Texture, fine Scalp distribution, medium
Eye-Brows:	Outer edge, thin Nasal brow, tendency Thickness, medium Lashes, medium
Nails:	Texture, medium, very brittle Ridging, present Pigment, many spots Curly, slight tendency
Teeth:	Alignment, good Two of first dentition still remain in upper jaw Canines not erupted. Beginning spacing between upper central incisors which are large and broad Condition and repair, good
Joints & Ligaments:	Fingers, marked hyperextension
Muscles:	Moderately well developed throughout Tonicity, fairly good
Gonads:	Penis, very small Testicles, very small, descended Tendency to scrotal fold
Secondary Sexual Characteristics:	Hairy distribution, slight. No pubic growth as yet
Glands:	Thyroid, not palpable Tonsils, removed last year. Tab left on right side Cervicals, sub. max. palpable Epitrochlears, not palpable Inguinals, not palpable
Thoracic Cavity:	Very well developed (champion swimmer)
Lungs:	Lungs, normal Bronchi, normal Pleura, normal
Heart:	Apex beat 8½ cm. from median line in fifth inter-space

Impulse, just visible
Right border 2 cm. from midsternal line
Sounds, normal
Murmurs, none
Pulse, at rest 76. Two minutes after exercising 78
Rhythm, good

Blood Vessels: Size, small
Walls, soft
Systolic blood pressure, 106
Diastolic blood pressure, 54

Abdominal Viscera: Negative

Genitourinary System: Frequent bed wetting still persists

Subjective Complaints: Occasional headaches after reading. Occasional stomach upsets

Objective Deformities: None

Eyes: Muscles, normal
Cornea, clear
Iris, blue
Vision, hyperopic
Right 20/15
Left 20/15
Pupils, normal size, equal, regular
Reaction to light and accommodation, normal

Sense of Smell: Normal

Other Cranial Nerves: Normal

Reflexes:

DEEP REFLEXES

	R.	L.		R.	L.
Jaw	1	1	Ulnar	2	2
Biceps	2	2	Wrist	1	1
Triceps	2	2	Patellar	2	2
Radial	2	2	Achilles	2	2

SUPERFICIAL

	R.	L.		R.	L.
Upper Lat. Abd.	1	1	Babinski	–	–
Lower Lat. Abd.	1	1	Gordon	–	–
Cremasteric	1	1	Oppenheim	–	–
Plantar Flexion	1	1			

COORDINATION

	R.	L.		R.	L.
F. F.	P.	P.	H. K.	G.	G.
F. N.	F.	F.	H. Shin	G.	G.

Adiadochokinesis None

Sensations: Touch, pain and temperature, normal

PSYCHOLOGICAL IMPRESSIONS

Kenneth is not an unattractive boy, but has a furtive look in his eyes that does not inspire trust. His attitude toward strangers seems to be of the, "Oh, let me alone," kind, and as he is sullen besides, gives the impression that he is the sort of a child under whose skin it would be hard to get. He was not hostile to the examination, but his responses were very perfunctory. He was interested only in the tests requiring manual manipulation, and, in fact, seemed to like doing these very much, but for the others requiring oral intellectual effort, and for the school tests, he showed a positive distaste. He tired readily, being easily distracted, finding it difficult to concentrate sufficiently long to get through with a task without wanting to give it up before completed. He often answered, "I don't know," without even trying, and when making attempts to do what tasks were set for him he tried to be over with them as soon as possible.

Attempts were made, nevertheless, to make the examination as attractive as possible for him through frequent rests and cajoling; and to obtain the maximum response, the examination was broken up into two sittings. The examiner had the impression that the kind of reactions the boy showed are an index of his general makeup, rather than a response to the examination itself.

Intellectual Equipment:

He made the following record on the Stanford-Binet:

Chronological age	13 Years
Mental age	10 Years 7 Months
I. Q.	81
Basal year	X
Upper limit	XVI
Scatter	3 year levels

This record classes Kenneth as a dull child of inferior intelligence.

His performance on the whole is quite regular, being, with one exception, uniformly poor. He passed all the tests in the 10 year level, one in the 12 year and one in the 14 year level. Practical judgment and reasoning power, as judged by the Stanford-Binet, are at mental age levels. Learning ability for auditory material, poor. On the other hand, he shows a decided ability in visualizing and perception of space relations.

Supplementary Tests:

Porteus Maze	13 Year Score
Picture Completion	11 Year Score
Substitution Test	14 Year Score
Goddard Form Board	13 Year Score

Stenquist: Score of 80

Kenneth's record on the performance tests shows that he can handle concrete material very much better than abstract. His score on the Porteus gives him a mental age which was especially surprising, as he showed a considerable degree of planfulness.

His record on the substitution test shows good visual learning ability. His score of 80 in the Stenquist, which is made by only 5 per cent. of boys of his age, indicates a definite ability along mechanical lines. He assembled the first four contrivances (all correctly) in exceptionally fast time; the last one he apparently did not see how to do immediately, and so abandoned without much trying. This fact is interesting as showing his characteristic lack of persistence. The score on the Goddard Form Board indicates normal motor coordination speed for his chronological age.

Combining the scores on the supplementary tests, excepting the one measuring mechanical ability, properly weighted with the score on the Stanford-Binet, would give Kenneth a composite mental age of 11 years 4 months.

Educational Attainments:

Kenneth is considerably retarded at school. He entered the kindergarten in 1915 and the elementary course in February 1916, but he is now only in 4B, having repeated 1A, 2B, 3A, 3B and 4A. He seems to have suffered considerably from frequent changes of schools, but nevertheless, his present grade corresponds to what he should be in according to his mental age on the Stanford-Binet. On the educational tests, given here, he made the following record:

Spelling	3rd Grade
Vocabulary	5th Grade
Arithmetic	4th Grade
Silent Reading	5th Grade

This is approximately the equivalent of, or perhaps just a little bit better, with the exception of his spelling, than the standard of excellence demanded by his present grade. His handwriting is very slip-shod and careless.

Summing up, we have a nervous child with inferior intelligence, but in no way defective, who, on the whole, is very much better able to handle concrete than abstract material. The child has an intense dislike for school and academic school work. In view of his past failures on the one hand (due in a good measure to actual intellectual retardation), and in view of his positive mechanical ability on the other, it is recommended that he be transferred to a trade school where his native ability would stand him in good stead.

THE COMMONWEALTH FUND PROGRAM
FOR THE
PREVENTION OF DELINQUENCY

The Commonwealth Fund initiated in 1921 a five-year Program for the Prevention of Delinquency. The purpose of this Program is to demonstrate and promote the wider application of modern psychiatric science and visiting teacher service to the study and guidance of children presenting problems of conduct and maladjustment in school and society.

Problem children, it is recognized, do not all become delinquent in subsequent life, but there is growing evidence that adult criminality has its roots in childhood in the same factors which cause early disorders of behavior. The understanding and adjustment of children whose conduct suggests underlying mental or physical difficulties should, therefore, make for the prevention not only of juvenile delinquency but of later and more serious criminal tendencies. Even when delinquency is not involved, such study and treatment of problem children should remove the cause of much unhappiness both at the time and throughout life.

The Program consists of a group of related activities made possible by grants from the Fund to four cooperating agencies each of which administers independently a division of the undertaking.

DIVISION I

New York School of Social Work, 105 East 22d St., New York

PORTER R. LEE, Director
MARION E. KENWORTHY, M.D., Medical Director,
Bureau of Children's Guidance

The New York School of Social Work offers courses and fellowships for the training of psychiatric social workers, visiting teachers, and probation officers; in this connection it maintains a clinic known as the Bureau of Children's Guidance for the study and treatment of children referred to it from schools and other sources. This clinic seeks to demonstrate thoroughly the potentialities of such treatment, and to provide opportunities for observation and field work by students in training.

DIVISION II

Division on Prevention of Delinquency, National Committee for Mental Hygiene, 370 Seventh Avenue, New York

FRANKWOOD E. WILLIAMS, M.D., Medical Director,
National Committee for Mental Hygiene
RALPH P. TRUITT, M.D., Director,
Division on Prevention of Delinquency

The Division on Prevention of Delinquency of the National Committee for Mental Hygiene provides demonstration psychiatric clinics in

selected cities, and a field consultant service, with the object of bringing about the establishment of permanent clinics under local auspices to serve children referred by schools, social agencies, juvenile courts, and parents.

DIVISION III

National Committee on Visiting Teachers, 8 West 40th Street, New York

HOWARD W. NUDD, Chairman
JANE CULBERT, Secretary

The National Committee on Visiting Teachers, affiliated with the Public Education Association of New York City, cooperates with local school boards of thirty communities throughout the country in providing visiting teachers, in order to demonstrate the value of such service in the adjustment of children whose behavior, environment, or mental condition has prevented them from gaining full benefit from their school opportunities. It is hoped that permanent establishment of such service, wholly supported by the local communities, will result.

DIVISION IV

Joint Committee on Methods of Preventing Delinquency, 50 East 42d Street, New York

BARRY C. SMITH, Chairman
HOWARD W. NUDD, Treasurer
JULIA C. LATHROP
PORTER R. LEE
HENRY C. MORRISON
BARBARA S. QUIN
THOMAS W. SALMON, M.D.
MILDRED C. SCOVILLE
RALPH P. TRUITT, M.D.
FRANKWOOD E. WILLIAMS, M.D.
GRAHAM ROMEYN TAYLOR, Secretary and Executive Director

The Joint Committee on Methods of Preventing Delinquency, which includes the executive heads of all Divisions of the Program, is designed to promote the unity of the entire enterprise, to coordinate its various activities, to conduct related investigations and field studies, and to interpret the purpose, methods and results to various specially interested groups and to the public generally.

Inquiries concerning the Program may be addressed to the Executive Director of the Joint Committee on Methods of Preventing Delinquency, or concerning the work of a particular Division, to the Director thereof.

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